

<b>1 LOCATION OF WATER WELL:</b>		Fraction		Section Number		Township Number		Range Number			
County: <u>Kearny</u>		SE ¼ SW ¼ NW ¼		31		T 25 S		R 36W EW			
Distance and direction from nearest town or city street address of well if located within city? <u>Ulysses, Kansas -17½ miles North on HWY 25 - turn West - follow trail South and West into.</u>											
<b>2 WATER WELL OWNER:</b> <u>Earl Berlier</u>					<u>Plains Petroleum/ Cheyenne Drl.</u>						
RR#, St. Address, Box # :					Board of Agriculture, Division of Water Resources						
City, State, ZIP Code : <u>Lakin, Kansas</u>					Application Number: <u>T 88-44</u>						
<b>3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:</b>				<b>4 DEPTH OF COMPLETED WELL:</b> <u>260</u> ft. <b>ELEVATION:</b> .....							
<div style="text-align: center;"><p>1 Mile</p></div>				Depth(s) Groundwater Encountered 1. <u>105</u> ft. 2. .... ft. 3. .... ft.							
				WELL'S STATIC WATER LEVEL <u>105</u> ft. below land surface measured on mo/day/yr <u>01/24/88</u>							
				Pump test data: Well water was ..... ft. after ..... hours pumping ..... gpm							
				Est. Yield ..... gpm: Well water was ..... ft. after ..... hours pumping ..... gpm							
Bore Hole Diameter. <u>9</u> in. to <u>260</u> ft., and ..... in. to ..... ft.				WELL WATER TO BE USED AS:							
1 Domestic				3 Feedlot		6 Oil field water supply		9 Dewatering		12 Other (Specify below)	
2 Irrigation				4 Industrial		7 Lawn and garden only		10 Observation well			
Was a chemical/bacteriological sample submitted to Department? Yes ..... No <u>X</u> If yes, mo/day/yr sample was submitted											
Water Well Disinfected? Yes <u>X</u> No											
<b>5 TYPE OF BLANK CASING USED:</b>											
1 Steel 3 RMP (SR) 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued ..... Clamped .....											
2 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded .....											
7 Fiberglass Threaded .....											
Blank casing diameter <u>5.563</u> in. to <u>260</u> ft., Dia ..... in. to ..... ft., Dia ..... in. to ..... ft.											
Casing height above land surface <u>28</u> in., weight <u>2.93</u> lbs./ft. Wall thickness or gauge No. <u>265</u>											
<b>TYPE OF SCREEN OR PERFORATION MATERIAL:</b>											
1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 10 Asbestos-cement											
2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 11 Other (specify) .....											
12 None used (open hole)											
<b>SCREEN OR PERFORATION OPENINGS ARE:</b>											
1 Continuous slot 3 Mill slot 5 Gauzed wrapped 8 Saw cut 11 None (open hole)											
2 Louvered shutter 4 Key punched 6 Wire wrapped 9 Drilled holes											
7 Torch cut 10 Other (specify) .....											
<b>SCREEN-PERFORATED INTERVALS:</b> From <u>180</u> ft. to <u>260</u> ft., From ..... ft. to ..... ft.											
From ..... ft. to ..... ft., From ..... ft. to ..... ft.											
<b>GRAVEL PACK INTERVALS:</b> From <u>20</u> ft. to <u>260</u> ft., From ..... ft. to ..... ft.											
From ..... ft. to ..... ft., From ..... ft. to ..... ft.											
<b>6 GROUT MATERIAL:</b> 1 Neat cement 2 Cement grout 3 Bentonite 4 Other .....											
Grout Intervals: From <u>0</u> ft. to <u>20</u> ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.											
What is the nearest source of possible contamination:											
1 Septic tank 4 Lateral lines 7 Pit privy 10 Livestock pens 14 Abandoned water well											
2 Sewer lines 5 Cess pool 8 Sewage lagoon 11 Fuel storage 15 Oil well/Gas well											
3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer storage 16 Other (specify below)											
13 Insecticide storage											
Direction from well? <u>Southeast</u> How many feet? <u>175'</u>											
FROM		TO		LITHOLOGIC LOG		FROM		TO		LITHOLOGIC LOG	
0		2		Surface							
2		10		Fine Sand							
10		30		Clay							
30		70		Gravel							
70		90		Clay							
90		100		Sandy Clay							
100		140		Fine Sand							
140		155		Blue Clay							
155		170		Clay							
170		200		Med. to large sand							
<b>7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:</b> This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) <u>01/24/88</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>118</u> This Water Well Record was completed on (mo/day/yr) <u>02/01/88</u> under the business name of <u>Carlile Water Well Service, Inc.</u> by (signature) <u>[Signature]</u>											
INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks, underline or circle the correct answers. Send top three copies to Kansas Department of Health and Environment, Bureau of Water Protection, Topeka, Kansas 66620-7320, Telephone: 913-862-9360. Send one to WATER WELL OWNER and retain one for your records.											