

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: <b>Kearny</b>		<b>SE 1/4 SE 1/4 SE 1/4</b>	<b>8</b>	<b>T 26 S</b>	<b>R 35 EW</b>
Distance and direction from nearest town or city street address of well if located within city? <b>From Sublette go 14 mi North 16 mi West 8 mi North West into location.</b>					
2 WATER WELL OWNER: <b>White Enterprises Mobil Oil Corp.</b>					
RR#, St. Address, Box # : <b>c/o James White</b>			Board of Agriculture, Division of Water Resources		
City, State, ZIP Code : <b>Lakin, Kansas</b>			Application Number: <b>T 86-171</b>		
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL: <b>320</b> ft. ELEVATION:			
		Depth(s) Groundwater Encountered 1. <b>188</b> ft. 2. _____ ft. 3. _____ ft.			
		WELL'S STATIC WATER LEVEL <b>132</b> ft. below land surface measured on mo/day/yr <b>5/7/86</b>			
		Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm			
		Est. Yield <b>100</b> gpm: Well water was _____ ft. after _____ hours pumping _____ gpm			
		Bore Hole Diameter <b>10</b> in. to <b>320</b> ft., and _____ in. to _____ ft.			
WELL WATER TO BE USED AS:					
1 Domestic      3 Feedlot <u>6 Oil field water supply</u> 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 _____; If yes, mo/day/yr sample was submitted _____					
Water Well Disinfected? Yes _____ No _____					
5 TYPE OF BLANK CASING USED:					
1 Steel      3 RMP (SR)      5 Wrought iron      8 Concrete tile      CASING JOINTS: <u>Glued</u> _____ Clamped _____ 2 PVC      4 ABS      6 Asbestos-Cement      9 Other (specify below)      Welded _____ 7 Fiberglass      Threaded _____					
Blank casing diameter <b>6.5/8</b> in. to <b>180</b> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.					
Casing height above land surface <b>28</b> in., weight <b>2.85</b> lbs./ft. Wall thickness or gauge No. <b>265</b>					
TYPE OF SCREEN OR PERFORATION MATERIAL:					
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)					
SCREEN OR PERFORATION OPENINGS ARE:					
1 Continuous slot      3 Mill slot      5 Gauzed wrapped <u>8 Saw cut</u> 11 None (open hole) 2 Louvered shutter      4 Key punched      6 Wire wrapped      9 Drilled holes 7 Torch cut      10 Other (specify) _____					
SCREEN-PERFORATED INTERVALS: From <b>160</b> ft. to <b>220</b> ft., From _____ ft. to _____ ft.					
From <b>240</b> ft. to <b>320</b> ft., From _____ ft. to _____ ft.					
GRAVEL PACK INTERVALS: From <b>140</b> ft. to <b>320</b> ft., From _____ ft. to _____ ft.					
From _____ ft. to _____ ft., From _____ ft. to _____ ft.					
6 GROUT MATERIAL:					
1 Neat cement      2 Cement grout      3 Bentonite      4 Other _____ Grout intervals: From <b>0</b> ft. to <b>10</b> 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? <b>Northeast of water well</b> How many feet? <b>190</b>					
FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0	2	Surface			
2	46	sandy clay			
46	68	gravel			
68	103	clay			
103	169	20% clay & 80% med to large sand			
169	207	50% clay & 20% med. to large sand and 30% gravel			
207	242	70% clay & 20% med. to large sand & 10% sandstone			
242	261	spots of clay & med. to large sand			
261	268	clay			
268	307	spots of clay & med. to large sand			
307	320	clay			
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) <b>May 7, 1986</b> and this record is true to the best of my knowledge and belief. Kansas					
Water Well Contractor's License No. <b>118</b> This Water Well Record was completed on (mo/day/yr) <b>May 13, 1986</b>					
under the business name of <b>Carlile Water Well Service, Inc.</b> by (signature) _____					
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, Office of Oil Field and Environmental Geology, Regulation and Permitting Section, Topeka, Kansas 66620-7500, Telephone: 913-862-9360. Send one to WATER WELL OWNER and retain one for your records.					

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