

1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: <u>Kearny</u>	<u>SW 1/4 NE 1/4 NE 1/4</u>	<u>23</u>	<u>T 26 S</u>	<u>R 36 EW</u>

Distance and direction from nearest town or city street address of well if located within city? Hwy 25 at Kearny & Grant County line  
-East 6mi- north 3 1/2 mi - East 1 1/2 mi - South 1/2 mi - East 1/4 mi - South 1/4 mi

2 WATER WELL OWNER: Florence Fletcher Plains Petroleum/Exeter  
 RR#, St. Address, Box # : \_\_\_\_\_ Board of Agriculture, Division of Water Resources  
 City, State, ZIP Code : Lakin, Kansas Application Number: T 87-545

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4 DEPTH OF COMPLETED WELL: <u>260</u> ft. ELEVATION:
	Depth(s) Groundwater Encountered 1. <u>135</u> ft. 2. _____ ft. 3. _____ ft.
	WELL'S STATIC WATER LEVEL <u>135</u> ft. below land surface measured on <u>mo/day/yr</u> <u>12/06/87</u>
	Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm
	Est. Yield <u>100</u> 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:
	5 Public water supply 8 Air conditioning 11 Injection well
	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 <u>X</u> ; If yes, mo/day/yr sample was submitted _____
	Water Well Disinfected? Yes <u>X</u> No _____

5 TYPE OF BLANK CASING USED:

1 Steel	3 RMP (SR)	5 Wrought iron	8 Concrete tile	CASING JOINTS: Glued _____ Clamped _____
<u>2 PVC</u>	4 ABS	6 Asbestos-Cement	9 Other (specify below)	Welded _____
		7 Fiberglass		Threaded _____

Blank casing diameter 5.563 in. to 180 ft., Dia \_\_\_\_\_ in. to \_\_\_\_\_ ft., Dia \_\_\_\_\_ in. to \_\_\_\_\_ ft.  
 Casing height above land surface 28 in., weight 2.93 lbs./ft. Wall thickness or gauge No. 265

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 160 ft. to 200 ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
 From \_\_\_\_\_ ft. to \_\_\_\_\_ ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

GRAVEL PACK INTERVALS: From 20 ft. to 260 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 \_\_\_\_\_

Grout Intervals: From 0 ft. to 20 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	<u>15 Oil well/Gas well</u>
3 Watertight sewer lines	6 Seepage pit	9 Feedyard	12 Fertilizer storage	16 Other (specify below)
			13 Insecticide storage	

Direction from well? Southeast How many feet? 150'

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0	2	Surface			
2	45	Fine Sand			
45	160	40% Med. to large sand 60% Gravel			
160	200	Med. to large sand			
200	220	Clay			
220	240	Sandy Clay			
240	260	Fine Sand			

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) 12/06/87 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 118. This Water Well Record was completed on (mo/day/yr) 12/16/87 under the business name of Carlile Water Well Service, Inc. 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, Bureau of Water Protection, Topeka, Kansas 66620-7320, Telephone: 913-862-9360. Send one to WATER WELL OWNER and retain one for your records.

OFFICE USE ONLY

T

26

R

30

EW

SEC

23

SW

1/4

NE

1/4

NE

1/4