

1 LOCATION OF WATER WELL:		Fraction		Section Number		Township Number		Range Number	
County: <b>Haskell</b>		<b>SE 1/4 SE 1/4 NW 1/4</b>		<b>11</b>		<b>T 28 S</b>		<b>R 34 E/W</b>	
Distance and direction from nearest town or city street address of well if located within city limits: <b>From Sublette go North 6 miles to Jct. 83 &amp; 180 go 8 miles West 4 mi North 1/2 mi East 5/8 Mi North into location.</b>									
2 WATER WELL OWNER: <b>Rosa Stewart Mobil Oil Corp.</b>									
RR#, St. Address, Box #: <b>214 West 3rd Box 487</b> Board of Agriculture, Division of Water Resources									
City, State, ZIP Code: <b>St. John, Kansas</b> Application Number: <b>T 84-769</b>									
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:				4 DEPTH OF COMPLETED WELL: <b>420</b> ft. ELEVATION: .....					
				Depth(s) Groundwater Encountered 1. <b>135</b> ft. 2. .... ft. 3. .... ft.					
				WELL'S STATIC WATER LEVEL <b>.285</b> ft. below land surface measured on mo/day/yr <b>11/5/84</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>11</b> in. to <b>420</b> 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		6 Oil field water supply	
				2 Irrigation		4 Industrial		9 Dewatering	
				7 Lawn and garden only		10 Observation well		12 Other (Specify below)	
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: Glued ..... Clamped .....	
2 PVC		4 ABS		6 Asbestos-Cement		9 Other (specify below)		Welded .....	
				7 Fiberglass				Threaded .....	
Blank casing diameter ..... in. to ..... ft., Dia ..... in. to ..... ft., Dia ..... in. to ..... ft.									
Casing height above land surface ..... in., weight ..... lbs./ft. Wall thickness or gauge No. ....									
TYPE OF SCREEN OR PERFORATION MATERIAL:									
1 Steel		3 Stainless steel		5 Fiberglass		7 PVC		10 Asbestos-cement	
2 Brass		4 Galvanized steel		6 Concrete tile		8 RMP (SR)		11 Other (specify) .....	
						9 ABS		12 None used (open hole)	
SCREEN OR PERFORATION OPENINGS ARE:									
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) .....			
SCREEN-PERFORATED INTERVALS: From ..... ft. to ..... ft., From ..... ft. to ..... ft.									
GRAVEL PACK INTERVALS: From ..... ft. to ..... ft., From ..... ft. to ..... ft.									
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other .....									
Grout Intervals: From ..... ft. to ..... 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? How many feet?									
FROM	TO	LITHOLOGIC LOG		FROM	TO	LITHOLOGIC LOG			
0	4	dirt .79 cu. yds. of dirt							
4	14	cement 1.96 cu. yds. of cement							
14	275	sand 51.22 cu. yds. of sand							
275	285	cement 1.96 cu. yds. of cement							
285	420	sand 26.50 cu. yds. of 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) <b>11/5/84</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>1/2/86</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, Division of Environment, Environmental Geology Section, Topeka, KS 66620. Send one to WATER WELL OWNER and retain one for your records.									

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