

1 LOCATION OF WATER WELL: County: Grant	Fraction NE 1/4 SW 1/4 SW 1/4	Section Number 1	Township Number T 28 S	Range Number R 35 25 EAW
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Distance and direction from nearest town or city street address of well if located within city? **From the Northeast edge of Satanta go Northwest on Hwy 190 to Hwy 60, cross Hwy and go 5 1/2 Mi North & East into location.**

2 WATER WELL OWNER: **Cities Service**
 RR#, St. Address, Box #: **3545 N.E. 58th**
 City, State, ZIP Code: **Oklahoma City, Oklahoma 73112**
 Board of Agriculture, Division of Water Resources
 Application Number: **T 84-178**

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:

4 DEPTH OF COMPLETED WELL: **440** ft. ELEVATION: _____ ft.
 Depth(s) Groundwater Encountered 1. **144** ft. 2. _____ ft. 3. _____ ft.
 WELL'S STATIC WATER LEVEL: **296** ft. below land surface measured on mo/day/yr **4/5/84**
 Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm
 Est. Yield: **60** gpm: Well water was _____ ft. after _____ hours pumping _____ gpm
 Bore Hole Diameter: **9** in. to **440** ft., and _____ in. to _____ ft.
 WELL WATER TO BE USED AS:
 1 Domestic 3 Feedlot 6 Oil field water supply 8 Air conditioning 11 Injection well
 2 Irrigation 4 Industrial 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: **5** in. to **320** ft., Dia. _____ in. to _____ ft., Dia. _____ in. to _____ ft.
 Casing height above land surface: **28** in., weight **2.85** lbs./ft. Wall thickness or gauge No. **265**
 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 **320** ft. to **440** ft., From _____ ft. to _____ ft.
 From _____ ft. to _____ ft., From _____ ft. to _____ ft.
 GRAVEL PACK INTERVALS: From **260** ft. to **440** 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 **0** ft. to **10** 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? **Northeast of water well.** How many feet? **100'**

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0	2	surface			
2	25	clay			
25	93	sandy clay			
93	172	medium to large sand			
172	315	sandy clay			
315	328	clay			
328	385	sandy clay			
385	395	medium to large sand			
395	418	sandy clay 70/30			
418	428	fine sand			
428	440	sandy 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) **April 5, 1984** 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) **April 27, 1984** 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, Division of Environment, Environmental Geology Section, Topeka, KS 66620. Send one to WATER WELL OWNER and retain one for your records.

OFFICE USE ONLY

28
25
EAW

SEC
1/2
1/4
1/8
3/16
1/16
1/32
1/64

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