

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: Haskell		NW 1/4 SE 1/4 NW 1/4	13	T 30 S	R 33 EAW
Distance and direction from nearest town or city street address of well if located within city? From Sublette go 2 1/2 mi South 1/2 mi West 66' North and 660' West into location.					
2 WATER WELL OWNER: Floyd Leonard		Mobil Oil Corp.		Board of Agriculture, Division of Water Resources	
RR#, St. Address, Box #: RFD				Application Number: T 85-747	
City, State, ZIP Code: Sublette, Kansas					
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL: 440 ft. ELEVATION:			
		Depth(s) Groundwater Encountered 1. 150 ft. 2. _____ ft. 3. _____ ft.			
		WELL'S STATIC WATER LEVEL 290 ft. below land surface measured on mo/day/yr 8/24/85			
		Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm			
		Est. Yield 75 gpm: Well water was _____ ft. after _____ hours pumping _____ gpm			
		Bore Hole Diameter 11 in. to 440 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 _____; If yes, mo/day/yr sample was submitted _____			
		Water Well Disinfected? Yes _____ No _____			
5 TYPE OF BLANK CASING USED:		CASING JOINTS: <u>Glued</u> _____ Clamped _____			
1 Steel 3 RMP (SR)		5 Wrought iron 8 Concrete tile			
2 PVC 4 ABS		6 Asbestos-Cement 9 Other (specify below) _____			
		7 Fiberglass _____ Threaded _____			
Blank casing diameter 6 5/8 in. to 340 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:		7 PVC 10 Asbestos-cement			
1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 11 Other (specify) _____					
2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 12 None used (open hole)					
SCREEN OR PERFORATION OPENINGS ARE:		5 Gauzed wrapped 8 Saw cut 11 None (open hole)			
1 Continuous slot 3 Mill slot 6 Wire wrapped 9 Drilled holes					
2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify) _____					
SCREEN-PERFORATED INTERVALS: From 340 ft. to 440 ft., From _____ ft. to _____ ft.					
GRAVEL PACK INTERVALS: From 260 ft. to 440 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:		10 Livestock pens 14 Abandoned water well			
1 Septic tank 4 Lateral lines 7 Pit privy 11 Fuel storage <u>15 Oil well/Gas well</u>					
2 Sewer lines 5 Cess pool 8 Sewage lagoon 12 Fertilizer storage 16 Other (specify below) _____					
3 Watertight sewer lines 6 Seepage pit 9 Feedyard 13 Insecticide storage _____					
Direction from well? Southeast of water well		How many feet? 185'			
FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0	2	surface			
2	66	clay			
66	93	med. to large sand			
93	172	80% clay & 20% gravel			
172	256	med. to large sand			
256	273	20% blue clay & 80% med. to large sand			
273	287	blue clay			
287	316	20% blue clay & 80% med. to large sand			
316	408	med. to large sand			
408	417	25% white clay & 75% med. to large sand			
417	440	45% clay & 55% med. to large 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) August 24, 1985 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) August 28, 1985 under the business name of Carlile Water Well Service, Inc. by (signature) _____					
INSTRUCTIONS: Use typewriter or ball point pen, <u>PLEASE PRESS FIRMLY</u> and <u>PRINT</u> 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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