

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: <u>Grant</u>		<u>SE 1/4 NE 1/4 SW 1/4</u>	<u>34</u>	<u>T 30 S</u>	<u>R 35 E</u>
Distance and direction from nearest town or city street address of well if located within city? <u>From Liberal go 9 mi North 7 mi West 7 mi North 8 mi West 6 mi North 2 mi North 1/2 mi East 1/2 mi North to location.</u>					
2 WATER WELL OWNER: <u>Grant County State Bank Mobil Oil Corp.</u>					
RR#, St. Address, Box #: <u>P.O. Box 388</u>					
City, State, ZIP Code: <u>Ulysses, Kansas</u>					
Board of Agriculture, Division of Water Resources Application Number: <u>T 85-1096</u>					
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL: <u>300</u> ft. ELEVATION:			
<div style="text-align: center;">N +-----+ NW NE +-----+ W X E +-----+ SW SE +-----+ S</div> <div style="text-align: center;">1 Mile</div>		Depth(s) Groundwater Encountered 1. <u>179</u> ft. 2. _____ ft. 3. _____ ft.			
		WELL'S STATIC WATER LEVEL <u>121</u> ft. below land surface measured on mo/day/yr <u>1/6/86</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>11</u> in. to <u>300</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 6 Oil field water supply 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) <u>Welded</u> _____					
7 Fiberglass _____ Threaded _____					
Blank casing diameter <u>6.5/8</u> in. to <u>180</u> ft., Dia. _____ in. to _____ ft., Dia. _____ in. to _____ ft.					
Casing height above land surface <u>28</u> in., weight <u>2.85</u> lbs./ft. Wall thickness or gauge No. <u>265</u>					
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 <u>140</u> ft. to <u>240</u> ft., From _____ ft. to _____ ft.					
From <u>280</u> ft. to <u>300</u> ft., From _____ ft. to _____ ft.					
GRAVEL PACK INTERVALS: From _____ ft. to _____ 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 <u>0</u> ft. to <u>10</u> 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? <u>Northwest of water well</u> How many feet? <u>240'</u>					
FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0	2	surface			
2	12	clay			
12	28	gravel			
28	46	clay			
46	78	10% clay, 50% med. to large sand & 40% gravel			
78	103	clay			
103	201	50% clay & 50% med. to large sand			
201	211	60% clay & 40% gravel			
211	221	50% med. to large sand & 50% sandy clay			
221	283	sandy clay			
283	300	clay & sandstone			
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) <u>January 6, 1986</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>118</u> This Water Well Record was completed on (mo/day/yr) <u>January 17, 1986</u> under the business name of <u>Carlile Water Well Service, Inc.</u> 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.					