

1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: <u>Seward</u>	<u>SW 1/4 NE 1/4 SE 1/4</u>	<u>34</u>	<u>T 31 S</u>	<u>R 33W E(W)</u>

Distance and direction from nearest town or city street address of well if located within city? Liberal - 18 miles North - 1 mile West - 1/4 mile North and West into location.

2 WATER WELL OWNER: C.N. Fair Harris Oil & Gas
 RR#, St. Address, Box # : _____
 City, State, ZIP Code : Alden, Kansas Board of Agriculture, Division of Water Resources
 Application Number: T 86-223

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4 DEPTH OF COMPLETED WELL: <u>340</u> ft. ELEVATION: _____
	Depth(s) Groundwater Encountered 1. <u>120</u> ft. 2. _____ ft. 3. _____ ft.
	WELL'S STATIC WATER LEVEL <u>220</u> ft. below land surface measured on mo/day/yr _____
	Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm
	Est. Yield <u>85</u> gpm: Well water was _____ ft. after _____ hours pumping _____ gpm
Bore Hole Diameter <u>10</u> in. to <u>340</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 6.5/8 in. to 260 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
 Casing height above land surface -60' 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	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:

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 260 ft. to 340 ft., From _____ ft. to _____ ft.
 From _____ ft. to _____ ft., From _____ ft. to _____ ft.

GRAVEL PACK INTERVALS: From 27 ft. to 190 ft., From 200 ft. to 340 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 5 ft. to 7 ft., From 7 ft. to 27 ft., From 190 ft. to 200 ft.

What is the nearest source of possible contamination:

1 Septic tank	4 Lateral lines	7 Pit privy	10 Livestock pens	<u>14 Abandoned water well</u>
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? 160'

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0	5	Surface backfill .68	cu. feet of	0	Surface backfill
5	7	Neet Cement .27	cu. feet of	5	neet cement
7	27	Bentonite Grout 2.73	cu. feet of	7	bentonite grout
27	190	Chlorinated Gravel 22.23	cu. feet of	27	chlorinated gravel
190	200	Bentonite Grout 1.36	cu. feet of	190	bentonite grout
200	340	Chlorinated Gravel 19.10	cu. feet of	200	chlorinated gravel

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) 05/13/88 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) 05/16/88 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.