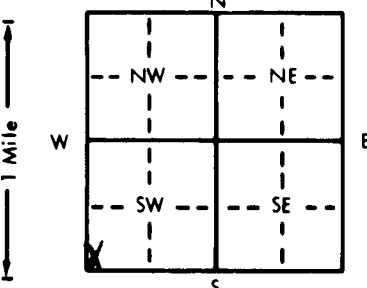


1 LOCATION OF WATER WELL: County: **Stevens** Fraction: **SW 1/4 SW 1/4 SW 1/4** Section Number: **35** Township Number: **T 31 S** Range Number: **R 35 EW**

Distance and direction from nearest town or city street address of well if located within city? **From Woods go 9 mi North and East into location.**

2 WATER WELL OWNER: **Ralph White Mobil Oil Corp.**
 RR#, St. Address, Box # :
 City, State, ZIP Code : **Moscow, Kansas 67952**
 Board of Agriculture, Division of Water Resources
 Application Number: **T 87-2**

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



4 DEPTH OF COMPLETED WELL: **460** ft. ELEVATION: _____ ft.

Depth(s) Groundwater Encountered 1. **208** ft. 2. _____ ft. 3. _____ ft.

WELL'S STATIC WATER LEVEL **252** ft. below land surface measured on mo/day/yr **1/9/87**

Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm
 Est. Yield **100** gpm: Well water was _____ ft. after _____ hours pumping _____ gpm

Bore Hole Diameter **11** in. to **460** 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: 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued _____ Clamped _____
 1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded _____
 2 PVC 4 ABS 7 Fiberglass _____ Threaded _____

Blank casing diameter **6.5/8** 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: 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 **280** ft. to **400** ft., From _____ ft. to _____ ft.
 From **420** ft. to **460** ft., From _____ ft. to _____ ft.

GRAVEL PACK INTERVALS: From **260** ft. to **460** 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? **200'**

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0	2	surface			
2	136	clay			
136	247	med. to large sand			
247	253	clay			
253	266	40% clay & 60% fine sand			
266	283	sandy clay			
283	334	fine sand & med. sand			
334	346	40% clay & 60% med. sand			
346	405	med. to large sand			
405	418	80% clay & 20% gravel			
418	427	40% clay & 60% med. sand			
427	456	60% clay & 40% fine sand			
456	460	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) **January 9, 1987** 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) **January 20, 1987** 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.

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