WAILK WE		CORD	1.01 11	1 ** ** C-5				urces, App. No			
1 LOCATION OF WATER WELL:  Summer			Fraction NW 1/4	NW 1/4 1	NW 4	Section N	umber	Township N	umber S	Range Number	
LOCATION OF WATER WELL:											
						Latitude: Longitud					
2 WATER WELL OWNER: McAlister Oil LLC Elevation											
RR#, St. Address, Box # : PO Box 96 City, State, ZIP Code : Wellington KS 67152						Datum: NA Data Collection Method: NA					
3 LOCATE WELL'S 4 DEPTH OF COMPLETED WELL 20.05 ft.											
LOCATON MW18R											
WITH AN "X" IN Depth(s) Groundwater Encountered 1 ft. 2 ft. 3 ft. SECTION BOX: WELL'S STATIC WATER LEVEL ft. below land surface measured on mo/day/yr											
SECTION BOX: WELL'S STATIC WATER LEVEL ft. below land surface measured on mo/day/yr											
N Pump test data: Well water was ft. after hours pumping										ng gpm	
Est. Yield gpm: Well water was ft. after hours pumpin									ng gpm		
WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well 1 Domestic 3 Feed lot 6 Oil field water supply 9 Dewatering 12 Other (Specify b											
W   I Domestic 3 Feed lot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)   2 Irrigation 4 Industrial 7 Domestic (lawn & garden)   10 Monitoring well											
- sw se											
Was a chemical/bacteriological sample submitted to Department? Yes No X; If yes, mo/day/yrs											
S		Sample was sub	mitted			\	Water W	ell Disinfected	d? Yes	No X	
5 TYPE OF 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											
1 Steel	3 R	MP(SR) 6	Asbestos-C	ement	Other (s	specify be	elow)		Welde	d	
(2)PVC	4 A	ABS 7	Fiberglass	n		· <u>-</u>		<b></b>	Thread	ed X	
PVC 4 ABS 7 Fiberglass Threaded X  Blank casing diameter 2 in. to 5.05 ft., Dia in. to ft., Dia in. to ft.  Casing height below land surface ft., Weight lbs./ft. Wall thickness or gauge No.											
Casing height below land surface ft., Weight lbs./ft. Wall thickness or gauge No.   TYPE OF SCREEN OR PERFORATION MATERIAL:											
1 Steel 3 Stainless steel 5 Fiberglass 7 PVC 9 ABS 11 Other (specify)											
2 Brass 4 Galvanized steel 6 Concrete tile 8 RM (SR) 10 Asbestos-Cement 12 None used (open hole)											
ISCREEN OR PERFORATION OPENINGS ARE:											
1 Continuous slot 3 Mill slot 5 Gauze wrapped 7 Torch cut 9 Drilled holes 11 None (open hole) 2 Louvered shutter 4 Key punched 6 Wire wrapped 8 Saw Cut 10 Other (specify)  SCREEN-PERFORATED INTERVALS: From 5.05 ft. to 20.05 ft. From ft. to ft.											
SCREEN-PERFO	ORATEI	) INTERVALS:	From	5.05	ft. to	20.05	ft. Fro	om	ft. to	ft.	
			From		ft. to		_ ft. Fro	om	ft. to	ft.	
From ft. to  GRAVEL PACK INTERVALS: From 3 ft. to 20  From ft. to							ft. Fro	om	ft. to	ft.	
			110111		. 10. 10		10. 110	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	11. 10	/ 1t.	
6 GROUT MA	TERIA	L: 1 Neat cem	ent 2 Cer	nent grout	(3)Bento	nite (	4)Other	Concrete: 0-	1'		
Grout Intervals From 1 ft. to 3 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 13 Insecticide Storage  16 Other (specify)											
2 Sewer lines		5 Cess pool		ge lagoon (1				ndoned water		below)	
3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer storage 15 Oil well/ gas well											
Direction from well? NW How many feet? ~100'											
FROM TO			OGIC LOC		FROM	TO		PLUGGIN	G INTE	RVALS	
0 8 8 20.3		ss on top; Brow	n silty clay							<del></del>	
8 20.3	5 Gra	y shale					-				
	-										
			1.0								
							Flushm	ount waiver	from B	OW	
7 CONTDACTO	ים פים	O I ANDOWNE	D'S CEDT	TEICATIO	N. This	ater well v	vas (1)	intructed (2)	econstru	eted or (3) plugged	
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) 4/21/14 and this record is true to the test of my knowledge and belief.											
Kansas Water Well Contractor's License No. 757 . This Water Well Record was completed on (pro/day/year)											
under the business i					by (signatu		$-\mathbf{k}'$	$\sqrt{}$	-	-	
INSTRUCTIONS: Please fill in blanks or circle the correct answers. Send top three copies to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-5522. Send one of WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well. Visit us at http://www.kdheks.gov/waterwell											