

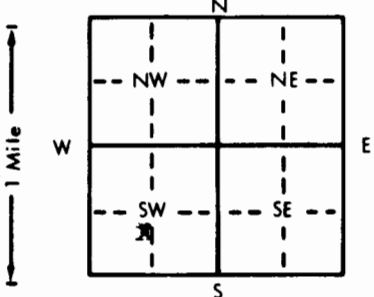
1 LOCATION OF WATER WELL: County: <b>Seward</b>	Fraction <b>NE 1/4 SW 1/4 SW 1/4</b>	Section Number <b>15</b>	Township Number <b>T 32 S</b>	Range Number <b>R 34 EW</b>
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Distance and direction from nearest town or city street address of well if located within city?

**12 miles North of Liberal 5 West 3 North**

2 WATER WELL OWNER: RR#, St. Address, Box # : City, State, ZIP Code :	<b>Kapp B #3</b> <b>Box 26100</b> <b>Oklahoma City, OK</b>	<b>OXY U. S. A.</b> <b>Board of Agriculture, Division of Water Resources</b> <b>Application Number: T89-126 / 27</b>
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3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:



4 DEPTH OF COMPLETED WELL: <b>460</b> ft. ELEVATION:	Depth(s) Groundwater Encountered 1. <b>210</b> ft. 2. _____ ft. 3. _____ ft.
WELL'S STATIC WATER LEVEL <b>250</b> ft. below land surface measured on <b>mo/day/yr 3-18-89</b>	Pump test data: Well water was <b>295</b> ft. after <b>2</b> hours pumping <b>60</b> gpm
Est. Yield <b>65</b> gpm: Well water was _____ ft. after _____ hours pumping _____ gpm	Bore Hole Diameter <b>9</b> in. to <b>460</b> 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 Monitoring well
Was a chemical/bacteriological sample submitted to Department? Yes _____ No <b>X</b> _____; If yes, mo/day/yr sample was submitted	Water Well Disinfected? Yes <b>X</b> No

5 TYPE OF BLANK CASING USED:	5 Wrought iron 8 Concrete tile CASING JOINTS: Glued <b>X</b> Clamped _____
1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded _____	-2 PVC 4 ABS 7 Fiberglass _____ Threaded _____

Blank casing diameter **5** in. to **0-360** ft., Dia \_\_\_\_\_ in. to \_\_\_\_\_ ft., Dia \_\_\_\_\_ in. to \_\_\_\_\_ ft.  
Casing height above land surface **14** in., weight **200** lbs./ft. Wall thickness or gauge No. **0.265**

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 <b>360</b> ft. to <b>460</b> ft., From _____ ft. to _____ ft.	From _____ ft. to _____ ft., From _____ ft. to _____ ft.
GRAVEL PACK INTERVALS: From <b>240</b> ft. to <b>460</b> 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 <b>0</b> ft. to <b>20</b> 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 15 Oil well/Gas well	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? **South** How many feet? **250**

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	250	Overburden			
250	270	Coarse sand			
270	300	Tight clay			
300	320	Blue clay			
320	340	Blue clay			
340	360	Blue clay			
360	380	Blue clay			
380	400	Coarse sand			
400	420	Coarse sand			
420	460	Coarse 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) <b>3-18-89</b> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <b>142</b> This Water Well Record was completed on (mo/day/yr) <b>3-28-89</b> under the business name of <b>T &amp; W Water Well Service, Inc.</b> by signature <i>[Signature]</i>
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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: 913-296-5514. Send one to WATER WELL OWNER and retain one for your records.