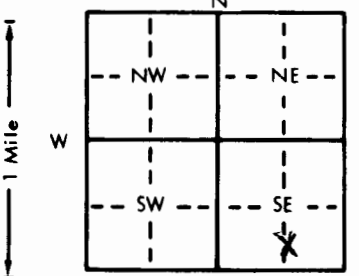


1 LOCATION OF WATER WELL: County: <b>Stevens</b>	Fraction <b>XC-S<sup>1</sup>/<sub>2</sub> 1/4 SE 1/4</b>	Section Number <b>26</b>	Township Number <b>T 32 S</b>	Range Number <b>R 35 EAW</b>
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Distance and direction from nearest town or city street address of well if located within city? **From Woods go East to Lone Star Church North 4 1/8mi into location.**

2 WATER WELL OWNER: **Tom Boles Mobil Oil Corp.**  
 RR#, St. Address, Box # : **1011 Harrison Circle** Board of Agriculture, Division of Water Resources  
 City, State, ZIP Code : **Liberal, Kansas** Application Number: **T 85-1019**

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: 	4 DEPTH OF COMPLETED WELL: <b>300</b> ft. ELEVATION: Depth(s) Groundwater Encountered 1. <b>145</b> ft. 2. _____ ft. 3. _____ ft. WELL'S STATIC WATER LEVEL <b>155</b> ft. below land surface measured on mo/day/yr <b>12/13/85</b> Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm Est. Yield <b>100</b> gpm: Well water was _____ ft. after _____ hours pumping _____ gpm Bore Hole Diameter <b>11</b> in. to <b>300</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 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 _____
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5 TYPE OF BLANK CASING USED:  
 1 Steel 3 RMP (SR) 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued \_\_\_\_\_ Clamped \_\_\_\_\_  
 2 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded \_\_\_\_\_  
 7 Fiberglass \_\_\_\_\_ Threaded \_\_\_\_\_  
 Blank casing diameter ... **6** in. to **180** 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:  
 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 **180** ft. to **300** ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
 From \_\_\_\_\_ ft. to \_\_\_\_\_ ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
 GRAVEL PACK INTERVALS: From **120** ft. to **300** 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? **Northwest of water well** How many feet? **230'**

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0	2	surface			
2	158	clay			
158	228	med. to large sand			
228	251	55% clay & 45% med. to large sand			
251	290	med. to large sand			
290	300	blue 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) **December 13, 1985** 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) **December 20, 1985** 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, Division of Environment, Environmental Geology Section, Topeka, KS 66620. Send one to WATER WELL OWNER and retain one for your records.

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