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|---|---|-----------------------------|----------------------------------|---------------------------------|
| 1 LOCATION OF WATER WELL: County: Stevens | Fraction NW 1/4 NW 1/4 NW 1/4 | Section Number 13 | Township Number T 32 S | Range Number R 36 E/W |
|---|---|-----------------------------|----------------------------------|---------------------------------|

Distance and direction from nearest town or city street address of well if located within city? **From Liberal go North on Hwy 83 go west 16 miles 7 mi North 1 mi East 1/8 mi South 1/8 mi East into location.**

2 WATER WELL OWNER: **Mrs. Robert McGill Mobil Oil Corp.** Board of Agriculture, Division of Water Resources
 RR#, St. Address, Box # **RFD**
 City, State, ZIP Code: **Mission, Kansas** Application Number: **T 86-166**

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

4 DEPTH OF COMPLETED WELL: **460** ft. ELEVATION:
 Depth(s) Groundwater Encountered 1. **245** ft. 2. _____ ft. 3. _____ ft.
 WELL'S STATIC WATER LEVEL **215** ft. below land surface measured on mo/day/yr **4/9/86**
 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:
 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 5/8** in. to **360** 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 **360** ft. to **460** ft., From _____ ft. to _____ ft.
 From _____ ft. to _____ ft., From _____ ft. to _____ ft.
 GRAVEL PACK INTERVALS: From **280** 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? **Southeast of water well** How many feet? **200'**

| FROM | TO | LITHOLOGIC LOG | FROM | TO | LITHOLOGIC LOG |
|------|-----|--------------------------------------|------|----|----------------|
| 0 | 2 | surface | | | |
| 2 | 72 | clay | | | |
| 72 | 103 | med. to large sand | | | |
| 103 | 147 | 70% med. to large sand & 30% caliche | | | |
| 147 | 166 | caliche | | | |
| 166 | 215 | 40% clay & 60% med. to large sand | | | |
| 215 | 272 | clay mixed with med. to large sand | | | |
| 272 | 392 | spots of clay w/ med. to large sand | | | |
| 392 | 460 | med. to large 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) **April 9, 1986** 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) **April 15, 1986** under the business name of **Carlile Water Well Service, Inc.** by (signature) _____

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