

1 LOCATION OF WATER WELL:		Fraction		Section Number		Township Number		Range Number	
County: <b>Morton</b>		SW 1/4 SW 1/4 SW 1/4		8		T 32 S		R 43 E	
Distance and direction from nearest town or city street address of well if located within city limits: <b>Brom Richfield go 6 mi West 1 mi North 6 7/8 mi West and North into location.</b>									
2 WATER WELL OWNER: <b>Charles &amp; Helen Acree</b> <span style="float:right"><b>Hawkins Oil &amp; Gas</b></span>									
RR#, St. Address, Box #: <b>Box 86 West</b> <span style="float:right">Board of Agriculture, Division of Water Resources</span>									
City, State, ZIP Code: <b>Memphis, Ark. 72301</b> <span style="float:right">Application Number: <b>T 86-270</b></span>									
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:					4 DEPTH OF COMPLETED WELL: <b>240</b> ft. ELEVATION:				
<div style="text-align: center;"> </div>					Depth(s) Groundwater Encountered 1. <b>141</b> ft. 2. _____ ft. 3. _____ ft.				
					WELL'S STATIC WATER LEVEL <b>.99</b> ft. below land surface measured on mo/day/yr <b>7/21/86</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>.9</b> in. to <b>240</b> ft., and _____ in. to _____ ft.				
WELL WATER TO BE USED AS:									
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..... <u>No</u> .....; If yes, mo/day/yr sample was submitted _____									
Water Well Disinfected? <u>Yes</u> _____ No _____									
5 TYPE OF BLANK CASING USED:									
1 Steel      3 RMP (SR)      5 Wrought iron      8 Concrete tile      CASING JOINTS: <u>Glued</u> _____ Clamped _____ <u>2 PVC</u> 4 ABS      6 Asbestos-Cement      9 Other (specify below)      Welded _____ _____      _____      7 Fiberglass      _____      Threaded _____									
Blank casing diameter <b>.5</b> in. to <b>120</b> ft., Dia. _____ in. to _____ ft., Dia. _____ in. to _____ ft.									
Casing height above land surface <b>28</b> in., weight <b>2.85</b> lbs./ft. Wall thickness or gauge No. <b>.265</b>									
TYPE OF SCREEN OR PERFORATION MATERIAL:									
1 Steel      3 Stainless steel      5 Fiberglass <u>7 PVC</u> 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 <u>8 Saw cut</u> 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 <b>120</b> ft. to <b>240</b> ft., From _____ ft. to _____ ft.									
GRAVEL PACK INTERVALS: From <b>60</b> ft. to <b>240</b> 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. to
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?	170'	

[illegible]

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) July 21, 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) July 30, 1986 under the business name of Carlile Water Well Service, Inc. by (signature) [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, Office of Oil Field and Environmental Geology, Regulation and Permitting Section, Topeka, Kansas 66620-7500, Telephone: 913-862-9360. Send one to WATER WELL OWNER and retain one for your records.