

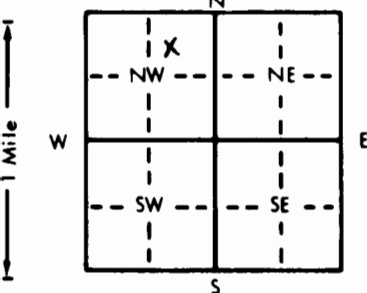
#3 Crawford Unit

LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: Stevens	SW 1/4 NE 1/4 NW 1/4	8	T 33 S	R 35 EW

Distance and direction from nearest town or city street address of well if located within city? **Woods, Kansas - 2 1/2 miles West - 1 3/4 miles North into location.**

WATER WELL OWNER: **Lloyd Crawford** **Mobil Oil Corp./Unit 19**
 RR#, St. Address, Box #: **RFD 1** Board of Agriculture, Division of Water Resources
 City, State, ZIP Code: **Hugoton, Kansas 67951** Application Number: **T 88-494**

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



DEPTH OF COMPLETED WELL: **300'** ft. ELEVATION: _____ ft.
 Depth(s) Groundwater Encountered 1. **120'** ft. 2. _____ ft. 3. _____ ft.
 WELL'S STATIC WATER LEVEL **120'** ft. below land surface measured on mo/day/yr **10/08/88**
 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 **300'** 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 **X** _____; If yes, mo/day/yr sample was submitted _____
 Water Well Disinfected? Yes **X** No _____

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 **6.625** in. to **200'** ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
 Casing height above land surface **28"** in., weight **3.71** lbs./ft. Wall thickness or gauge No. **.280**

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) _____
 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 **260'** ft., From **280'** ft. to **300'** ft.
 From _____ ft. to _____ ft., From _____ ft. to _____ ft.
 GRAVEL PACK INTERVALS: From **22'** ft. to **60'** ft., From **70'** ft. to **300'** ft.
 From _____ ft. to _____ ft., From _____ ft. to _____ ft.

GROUT MATERIAL: **1 Neat cement** 2 Cement grout **3 Bentonite** 4 Other _____
 Grout Intervals: From **2'** ft. to **4'** ft., From **4'** ft. to **22'** ft., From **60'** ft. to **70'** 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** How many feet? **170'**

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0	2	Surface			
2	81	Sandy Clay			
81	116	Med. to large sand			
116	133	Clay			
133	168	Sandy Clay			
168	180	5% Clay - 95% Fine Sand			
180	260	5% Clay - 95% Med. to large sand			
260	300	Sandy Clay			

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) **10/08/88** 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) **10/19/88** 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, Bureau of Water Protection, Topeka, Kansas 66620-7320, Telephone: 913-862-9360. Send one to WATER WELL OWNER and retain one for your records.

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