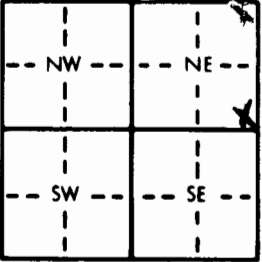



<b>1 LOCATION OF WATER WELL:</b>		Fraction	Section Number	Township Number	Range Number
County: <b>Stevens</b>		<b>SE ¼ SE ¼ NE ¼</b>	<b>10</b>	<b>T 33 S</b>	<b>R 36 E</b>
Distance and direction from nearest town or city street address of well if located within city? <b>From Liberal go North on Hwy 83</b>					
<b>9 miles go West 16 miles, North 1½ and west side of road.</b>					
<b>2 WATER WELL OWNER: Evert Barber</b>					
RR#, St. Address, Box #: <b>RFD #1</b>			Board of Agriculture, Division of Water Resources		
City, State, ZIP Code: <b>Hugoton, Kansas 67951</b>			Application Number:		
<b>3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:</b>		<b>4 DEPTH OF COMPLETED WELL: 320 ft. ELEVATION:</b>			
<div style="text-align: center;"></div>		Depth(s) Groundwater Encountered 1. <b>215</b> ft. 2. . ft. 3. . ft.			
		WELL'S STATIC WATER LEVEL <b>105</b> ft. below land surface measured on mo/day/yr <b>5/15/86</b>			
		Pump test data: Well water was . ft. after . hours pumping . gpm			
		Est. Yield <b>50</b> gpm: Well water was . ft. after . hours pumping . gpm			
		Bore Hole Diameter. <b>9</b> in. to <b>320</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 6 Oil field water supply 9 Dewatering 12 Other (Specify below)			
		2 Irrigation 4 Industrial 7 Lawn and garden only 10 Observation well <b>Stock well</b>			
		Was a chemical/bacteriological sample submitted to Department? Yes. <u>No</u> ; If yes, mo/day/yr sample was submitted			
		Water Well Disinfected? Yes No			
<b>5 TYPE OF BLANK CASING USED:</b>					
1 Steel		3 RMP (SR)	5 Wrought iron	8 Concrete tile	CASING JOINTS: <u>Glued</u> Clamped .
2 PVC		4 ABS	6 Asbestos-Cement	9 Other (specify below)	Welded .
			7 Fiberglass		Threaded .
Blank casing diameter <b>5½</b> in. to <b>200</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	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 <b>200</b> ft. to <b>320</b> ft., From . ft. to . ft.					
GRAVEL PACK INTERVALS: From <b>140</b> ft. to <b>320</b> ft., From . ft. to . ft.					
From . ft. to . ft., From . ft. to . ft.					
<b>6 GROUT MATERIAL:</b>					
1 Neat cement		2 Cement grout	3 Bentonite	4 Other <b>5' of 6" steel pipe cemented 3' below ground level, and 2' above ground level</b>	
Grout Intervals: From <b>5</b> ft. to <b>15</b> ft., From . ft. to . ft.					
What is the nearest source of possible contamination: <b>None</b>					
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? How many feet?					
FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0	2	surface			
2	52	clay			
52	106	med. to large sand			
106	187	clay			
187	233	fine sand			
233	241	clay			
241	247	fine sand w/ med. to large sand			
247	253	clay			
253	287	70% clay & 30% med. to large sand			
287	307	15% clay 85% med. to large sand			
307	320	fine sand			
<b>7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:</b> This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) <b>May 15, 1986</b> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <b>118</b> This Water Well Record was completed on (mo/day/yr) <b>May 20, 1986</b> under the business name of <b>Carlile Water Well Service, Inc.</b> 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, 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.					

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