

1 LOCATION OF WATER WELL: County: <b>Stevens</b>		Fraction <b>SE 1/4 NW 1/4 SW 1/4</b>	Section Number <b>23</b>	Township Number <b>T 33 S</b>	Range Number <b>R 39 E</b>
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Distance and direction from nearest town or city street address of well if located within city?  
**Feterita @ Elevators go across RR tracks to 1st Intersection 3W., NE into**

2 WATER WELL OWNER: <b>Anadarko Pet.</b> RR#, St. Address, Box # : <b>P.O. Box 351</b> City, State, ZIP Code : <b>Liberal, Ks 67905</b>		#2 KU Endowment "D" Board of Agriculture, Division of Water Resources Application Number: <b>970066</b>
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3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:

4 DEPTH OF COMPLETED WELL: **380** ft. ELEVATION: \_\_\_\_\_

Depth(s) Groundwater Encountered 1. **110** ft. 2. \_\_\_\_\_ ft. 3. \_\_\_\_\_ ft.

WELL'S STATIC WATER LEVEL **110** ft. below land surface measured on mo/day/yr **1-30-97**

Pump test data: Well water was **210** ft. after **1** hours pumping **110** gpm

Est. Yield **110** gpm: Well water was \_\_\_\_\_ ft. after \_\_\_\_\_ hours pumping \_\_\_\_\_ gpm

Bore Hole Diameter **11** in. to **380** ft., and \_\_\_\_\_ in. to \_\_\_\_\_ ft.

WELL WATER TO BE USED AS:

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 Monitoring 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 \_\_\_\_\_

5 TYPE OF BLANK CASING USED:		5 Wrought iron	8 Concrete tile	CASING JOINTS: Glued <b>X</b> Clamped _____
1 Steel	3 RMP (SR)	6 Asbestos-Cement	9 Other (specify below)	Welded _____
2 PVC	4 ABS	7 Fiberglass		Threaded _____

Blank casing diameter **6** in. to **380** ft., Dia \_\_\_\_\_ in. to \_\_\_\_\_ ft., Dia \_\_\_\_\_ in. to \_\_\_\_\_ ft.

Casing height above land surface **24** in., weight **2.902** lbs./ft. Wall thickness or gauge No. **.280** SDR **21**

TYPE OF SCREEN OR PERFORATION MATERIAL:

1 Steel	3 Stainless steel	5 Fiberglass	8 RMP (SR)	10 Asbestos-cement
2 Brass	4 Galvanized steel	6 Concrete tile	9 ABS	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 **280** ft. to **380** ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

GRAVEL PACK INTERVALS: From **245** ft. to **380** ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

6 GROUT MATERIAL:		1 Neat cement	2 Cement grout	3 Bentonite	4 Other <b>Hole Plug</b>
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GROUT INTERVALS: From **0** ft. to **20** 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? **East**

How many feet? **180**

FROM		TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	2		Clay	192	210	Sand
2	20		Caliche / Clay	210	218	Sand W/ Clay Streaks
20	30		Clay	218	258	Clay
30	57		Sand / Med Gravel	258	280	Sand
57	61		Caliche / Clay	280	373	Sand
61	70		Med to Lg Gravel	373	380	Red
70	90		Clay			
90	100		Sand / Sandy Clay			
100	109		Clay			
109	120		Sand			
120	135		Sandy Clay / Sand			
135	146		Caliche / Clay			
146	157		Sandy Clay			
157	180		Clay / Sandy Clay			
180	192		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) **1-30-97** and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **KWWCL - 430** This Water Well Record was completed on (mo/day/yr) **1-30-97** under the business name of **Howard Drlg. Box 806, Beaver, Ok 73932** 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, Bureau of Water, Topeka, Kansas 66620-0001. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.

OFFICE USE ONLY

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