

WATER WELL RECORD Form WWC-5 KSA 82a-1212

1 LOCATION OF WATER WELL: County: MORTON	Fraction NE 1/4 SW 1/4 SE 1/4	Section Number 26	Township Number T 33 S	Range Number R 40W E 1
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Distance and direction from nearest town or city street address of well if located within city?

4 1/2 MILES NORTH & 1 1/2 MILES EAST WILBURTON, KS

2 WATER WELL OWNER: ANADARKO PET. RR#, St. Address, Box # : BOX 351 City, State, ZIP Code : LIBERAL, KS 67905-0351	# 2 STOUT "F" Board of Agriculture, Division of Water Resources Application Number: 950149
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3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4 DEPTH OF COMPLETED WELL... 280 ft. ELEVATION:
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Depth(s) Groundwater Encountered 1. **90** ft. 2. _____ ft. 3. _____ ft.

WELL'S STATIC WATER LEVEL **90** ft. below land surface measured on mo/day/yr **5-10-95**

Pump test data: Well water was **110** ft. after **1** hours pumping **100** gpm

Est. Yield **100** gpm: Well water was _____ ft. after _____ hours pumping _____ gpm

Bore Hole Diameter **9 1/2** in. to **280** 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 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
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Blank casing diameter **5** in. to **280** 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:	7 PVC	10 Asbestos-cement
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SCREEN OR PERFORATION OPENINGS ARE:

1 Continuous slot	5 Gauzed wrapped	8 Saw cut
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SCREEN-PERFORATED INTERVALS: From **200** ft. to **280** ft., From _____ ft. to _____ ft.

GRAVEL PACK INTERVALS: From **160** ft. to **280** ft., From _____ ft. to _____ ft.

6 GROUT MATERIAL:	1 Neat cement	4 Other HOLE PLUG
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Grout Intervals: From **1** ft. to **20** 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
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Direction from well? **Northeast**

How many feet? **1000**

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	3	TOP SOIL			
3	23	CLAY			
23	45	SAND			
45	74	SANDY CLAY W/SAND			
74	89	SAND & GRAVEL			
89	97	SANDY CLAY W/SAND & GRAVEL			
97	107	CLAY			
107	144	SANDY CLAY W/SAND			
144	156	SAND			
156	188	SANDY CLAY W/SAND STONE			
188	195	SAND W/CLAY STREAKS			
195	207	CLAY			
207	252	SAND W/CLAY STREAKS			
252	280	SANDY CLAY W/FINE MED. 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) **5-10-95** and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **KWCL-430**. This Water Well Record was completed on (mo/day/yr) **5-10-95** under the business name of **HOWARD DRILG.CO.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.