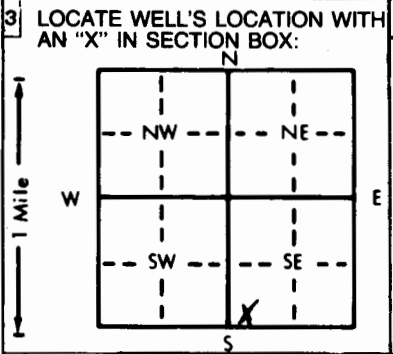


1 LOCATION OF WATER WELL: County: <b>Seward</b>	Fraction <b>SW</b> ¼ <b>SW</b> ¼ <b>SE</b> ¼	Section Number <b>15</b>	Township Number <b>T 34 S</b>	Range Number <b>R 33 E/N</b>
--	---	-----------------------------	----------------------------------	---------------------------------

Distance and direction from nearest town or city street address of well if located within city? **Liberal, Ks. 2 mi. north on HWY 83 1 1/2 mi east - north side of road.**

2 WATER WELL OWNER: **Dean Brown** **OXY USA, INC.**  
 RR#, St. Address, Box # : **Liberal, Kansas 67901**  
 City, State, ZIP Code : **Liberal, Kansas 67901**  
 Board of Agriculture, Division of Water Resources  
 Application Number: **T89-126**



4 DEPTH OF COMPLETED WELL: **320** ft. ELEVATION: \_\_\_\_\_ ft.  
 Depth(s) Groundwater Encountered 1. **140** ft. 2. \_\_\_\_\_ ft. 3. \_\_\_\_\_ ft.  
 WELL'S STATIC WATER LEVEL \_\_\_\_\_ ft. below land surface measured on mo/day/yr **4-12-89**  
 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: **9. 7/8** in. to **320** ft., and \_\_\_\_\_ in. to \_\_\_\_\_ ft.  
 WELL WATER TO BE USED AS:  
 1 Domestic 3 Feedlot **6 Oil field water supply** 8 Air conditioning 11 Injection well  
 2 Irrigation 4 Industrial 7 Lawn and garden only 10 Monitoring well 12 Other (Specify below)  
 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:  
 1 Steel 3 RMP (SR) 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued **X** Clamped \_\_\_\_\_  
**2 PVC** 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded \_\_\_\_\_  
 7 Fiberglass Threaded \_\_\_\_\_  
 Blank casing diameter **5.563** in. to **240** ft., Dia \_\_\_\_\_ in. to \_\_\_\_\_ ft., Dia \_\_\_\_\_ in. to \_\_\_\_\_ ft.  
 Casing height above land surface **30** in., weight **2.93** lbs./ft. Wall thickness or gauge No. **265**  
 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 **240** ft. to **260** ft., From **280** ft. to **320** ft.  
 From \_\_\_\_\_ ft. to \_\_\_\_\_ ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
 GRAVEL PACK INTERVALS: From **27** ft. to **110** ft., From **120** ft. to **320** ft.  
 From \_\_\_\_\_ ft. to \_\_\_\_\_ ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other \_\_\_\_\_  
 Grout Intervals: From **0** ft. to **7** ft., From **7** ft. to **9** ft., From **110** ft. to **120** ft.  
 What is the nearest source of possible contamination:  
 1 Septic tank 4 Lateral lines 7 Pit privy **11 Fuel storage Above ground** 14 Abandoned water well  
 2 Sewer lines 5 Cess pool 8 Sewage lagoon 12 Fertilizer storage 15 Oil well/Gas well  
 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 13 Insecticide storage 16 Other (specify below)  
 Direction from well? **West** How many feet? **30**

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	2	Surface	243	262	5% Clay-95% med to large snd
2	50	Sandy clay	262	273	30% Clay-70% med. to large snd
50	57	Fine sand	273	320	5% clay-95% med. to large snd
57	62	Clay			
62	78	<del>60%</del> Med. to large sand-40% sandy clay			
78	95	5% Clay-95% med. to large snd			
95	132	Sandy clay			
132	153	20% Clay-80% Med. to large snd			
153	169	Sandy clay			
169	193	50% Med. to large sand-50% sandy clay			
193	204	Clay			
204	222	20% Clay-80% Med. to large snd			
222	243	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) **4-12-89** 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) **4-14-89** under the business name of **Carlile Water Well Serv. 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: 913-296-5514. Send one to WATER WELL OWNER and retain one for your records.