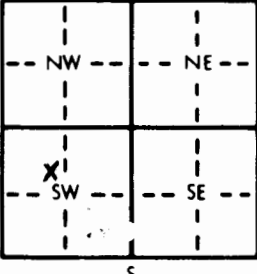



1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: <b>Stevens</b>		<b>SE 1/4 NW 1/4 SW 1/4</b>	<b>28</b>	<b>T 34 S</b>	<b>R 36 E(W)</b>
Distance and direction from nearest town or city street address of well if located within city? <b>From Liberal 17 miles West 2 1/2 North East to southeast to location.</b>					
2 WATER WELL OWNER: <b>Bob Thomas</b>					
RR#, St. Address, Box # : <b>Rt. 2 - Box 66</b>					
City, State, ZIP Code : <b>Hugoton, Kansas 67951</b>					
Board of Agriculture, Division of Water Resources					
Application Number: <b>DOMESTIC</b>					
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL <b>360</b> ft. ELEVATION:			
		Depth(s) Groundwater Encountered 1. <b>150</b> ft. 2. ft. 3. ft.			
		WELL'S STATIC WATER LEVEL ft. below land surface measured on mo/day/yr <b>5-24-89</b>			
		Pump test data: Well water was ft. after hours pumping gpm			
		Est. Yield <b>20</b> gpm: Well water was ft. after hours pumping gpm			
Bore Hole Diameter <b>9 7/8</b> in. to <b>360</b> 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 <b>X</b> ; If yes, mo/day/yr sample was submitted					
Water Well Disinfected? Yes <b>X</b> No					
5 TYPE OF BLANK CASING USED:					
1 Steel 3 RMP (SR) 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued <b>X</b> Clamped					
2 <b>PVC</b> 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded					
3 RMP (SR) 7 Fiberglass Threaded					
Blank casing diameter <b>5 5/8</b> in. to <b>220</b> ft. Dia. in. to ft. Dia. in. to ft.					
Casing height above land surface <b>36</b> in., weight <b>2.93</b> lbs./ft. Wall thickness or gauge No. <b>265</b>					
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 <b>Saw cut</b> 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>220</b> ft. to <b>360</b> ft. From ft. to ft. From ft. to ft.					
GRAVEL PACK INTERVALS: From <b>27</b> ft. to <b>100</b> ft. From <b>110</b> ft. to <b>360</b> ft.					
6 GROUT MATERIAL: 1 <b>Neat cement</b> 2 Cement grout 3 <b>Bentonite</b> 4 Other					
Grout Intervals: From <b>6</b> ft. to <b>10</b> ft. From <b>10</b> ft. to <b>27</b> ft. From <b>100</b> ft. to <b>110</b> ft.					
What is the nearest source of possible contamination:					
1 Septic tank 4 Lateral lines 7 Pit privy 10 <b>Livestock pens</b> 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? <b>NORTH</b> How many feet? <b>500</b>					
FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	2	Surface			
2	42	Sandy clay			
42	63	Fine sand			
63	80	30% Fine sand-70% Med. to large sand			
80	100	10% Med. to large sand-90% sandy clay			
100	113	Sandy clay			
113-	149	50% Clay-50% Sandy clay			
149	180	30% Clay-10% Med. to large sand-60% sandy clay			
180	200	Fine sand			
200	220	25% Clay-75% Sandy clay			
220	300	50% Fine sand-50% sandy clay			
300	340	50% Med. to large sand-50% sandy clay			
340	360	25% Clay-25% Med. to large sand-50% Sandy clay			
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) <b>constructed</b> , (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) <b>May 24, 1989</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>5-25-89</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, Bureau of Water Protection, Topeka, Kansas 66620-7320. Telephone: 913-296-5514. Send one to WATER WELL OWNER and retain one for your records.					

OFFICE USE ONLY

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