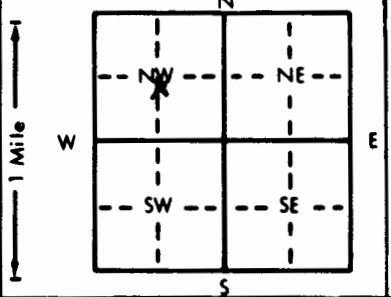


1 LOCATION OF WATER WELL: County: <b>Seward</b>	Fraction <b>NW 1/4 SE 1/4 NW 1/4</b>	Section Number <b>9</b>	Township Number <b>T 32 S</b>	Range Number <b>R 31 EW</b>
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Distance and direction from nearest town or city street address of well if located within city? **From Liberal go North on Hwy 83 to Jct. 160 go 9mi East on 160 3/4mi North East into location.**

2 WATER WELL OWNER: <b>Larry Roehr Helmerick &amp; Payne</b>	Board of Agriculture, Division of Water Resources
RR#, St. Address, Box # : <b>RFD</b>	Application Number: <b>T 84-856</b>
City, State, ZIP Code : <b>Kismet, Kansas</b>	

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:



4 DEPTH OF COMPLETED WELL: **340** ft. ELEVATION: \_\_\_\_\_

Depth(s) Groundwater Encountered 1. **153** ft. 2. \_\_\_\_\_ ft. 3. \_\_\_\_\_ ft.

WELL'S STATIC WATER LEVEL **187** ft. below land surface measured on mo/day/yr **11/26/84**

Pump test data: Well water was \_\_\_\_\_ ft. after \_\_\_\_\_ hours pumping \_\_\_\_\_ gpm

Est. Yield **75** gpm: Well water was \_\_\_\_\_ ft. after \_\_\_\_\_ hours pumping \_\_\_\_\_ gpm

Bore Hole Diameter **9** in. to **340** 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
2 Irrigation	4 Industrial	7 Lawn and garden only
		10 Observation well
		12 Other (Specify below)

Was a chemical/bacteriological sample submitted to Department? Yes \_\_\_\_\_ No \_\_\_\_\_; if yes, mo/day/yr sample was submitted \_\_\_\_\_

Water Well Disinfected? Yes \_\_\_\_\_ No \_\_\_\_\_

5 TYPE OF BLANK CASING USED:

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 **5** in. to **240** ft., Dia \_\_\_\_\_ in. to \_\_\_\_\_ ft., Dia \_\_\_\_\_ in. to \_\_\_\_\_ ft.

Casing height above land surface **28** in., weight **2.85** 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) _____
			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 **220** ft. to **300** ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

From **320** ft. to **340** ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

GRAVEL PACK INTERVALS: From **160** ft. to **340** ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ 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 **10** 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	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? **Northeast of water well** How many feet? **100'**

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0	2	surface			
2	55	clay			
55	95	medium to large sand			
95	100	clay			
100	140	medium to large sand			
140	160	clay & fine sand			
160-180		fine sand & sandy clay			
180	340	medium to large sand & gravel			

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) **November 26, 1984** 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) **12/4/84** under the business name of **Carlile Water Well Service, 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, Division of Environment, Environmental Geology Section, Topeka, KS 66620. Send one to WATER WELL OWNER and retain one for your records.

OFFICE USE ONLY

T

3

R

3

EMD

SEC.

9

NW

SE

NW

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