

LOCATION OF WATER WELL: County: **Seward** Fraction: **NW 1/4 SW 1/4 SW 1/4** Section Number: **32** Township Number: **T 32 S** Range Number: **R 32 E**

Distance and direction from nearest town or city? **From Liberal 14 North, 3 East, 1 South, 3/4 West** Street address of well if located within city?

WATER WELL OWNER: **John Watson**
R#, St. Address, Box #: **R. R. 2, Box 59**
City, State, ZIP Code: **Liberal, KS 67901**
Board of Agriculture, Division of Water Resources
Application Number:

DEPTH OF COMPLETED WELL: **300** ft. Bore Hole Diameter: **10** in. to . . . ft., and . . . in. to . . .
Well Water to be used as:
 Domestic **3** Feedlot **5** Public water supply **8** Air conditioning **11** Injection well
2 Irrigation **4** Industrial **6** Oil field water supply **9** Dewatering **12** Other (Specify below)
7 Lawn and garden only **10** Observation well
Well's static water level: **160** ft. below land surface measured on **July** month **16** day **1980** year
Pump Test Data: Well water was . . . ft. after . . . hours pumping. . . gpm.
Well water was . . . ft. after . . . hours pumping. . . gpm.

TYPE OF BLANK CASING USED:
 2 **PVC** **5** Wrought iron **8** Concrete tile Casing Joints: Glued Clamped . . .
1 Steel **3** RMP (SR) **6** Asbestos-Cement **9** Other (specify below) Welded . . .
4 ABS **7** Fiberglass Threaded . . .
Blank casing dia: **5** in. to **260** ft., Dia . . . in. to . . . ft., Dia . . . in. to . . .
Casing height above land surface: **12** in., weight . . . lbs./ft. Wall thickness or gauge No **Schedule 40**

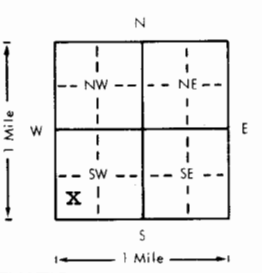
TYPE OF SCREEN OR PERFORATION MATERIAL:
 7 **PVC** **10** Asbestos-cement
1 Steel **3** Stainless steel **5** Fiberglass **8** RMP (SR) **11** Other (specify) . . .
2 Brass **4** Galvanized steel **6** Concrete tile **9** ABS **12** None used (open hole)
Screen or Perforation Openings Are:
5 Gauzed wrapped **8** **Saw cut** **11** None (open hole)
1 Continuous slot **3** Mill slot **6** Wire wrapped **9** Drilled holes
2 Louvered shutter **4** Key punched **7** Torch cut **10** Other (specify) . . .
Screen-Perforation Dia: **5** in. to **300** ft., Dia . . . in. to . . . ft., Dia . . . in. to . . .
Screen-Perforated Intervals: From **260** ft. to **300** ft., From . . . ft. to . . .
Travel Pack Intervals: From . . . ft. to . . . ft., From . . . ft. to . . .

GROUT MATERIAL: **1** Neat cement **2** Cement grout **3** **Bentonite** **4** Other . . .
Grouted Intervals: From **0** ft. to **20** ft., From . . . ft. to . . . ft., From . . . ft. to . . .

What is the nearest source of possible contamination:
1 Septic tank **4** Cess pool **7** Sewage lagoon **10** Fuel storage **14** Abandoned water well
2 Sewer lines **5** Seepage pit **8** Feed yard **11** Fertilizer storage **15** Oil well/Gas well
3 Lateral lines **6** Pit privy **9** Livestock pens **12** Insecticide storage **16** Other (specify below) **Unknown**
Direction from well . . . How many feet . . . ? Water Well Disinfected? Yes No . . .
Has a chemical/bacteriological sample submitted to Department? Yes . . . No . . . If yes, date sample submitted . . . month . . . day . . . year: Pump Installed? Yes . . . No . . .
Yes: Pump Manufacturer's name . . . Model No. . . . HP . . . Volts . . .
Depth of Pump Intake . . . ft. Pumps Capacity rated at . . . gal./min.
Type of pump: **1** Submersible **2** Turbine **3** **Jet** **4** Centrifugal **5** Reciprocating **6** Other

CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on **May** month **21**, day **1980** year.
I certify this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **102**
This Water Well Record was completed on **August** month **14**, day **1980** year under the business name of **Layne-Western Company, Inc.** by (signature) *[Signature]*

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



FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0	19	Surface & brown clay			
19	42	F-M sand			
42	70	F-C sand w/few clay streaks			
70	140	F-C sand, clean			
140	204	F-C sand w/few clay streaks			
204	264	F-C sand, clean			
264	302	F-M sand w/few clay streaks			
302	321	Sand & clay			
321	330	Tan clay & red bed streaks			

ELEVATION: _____
Depth(s) Groundwater Encountered **1** . . . ft. **2** . . . ft. **3** . . . ft. **4** . . . ft. (Use a second sheet if needed)

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, Water Well Contractors, Topeka, KS 66620. Send one to WATER WELL OWNER and retain one for your records.