

1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: <b>Seward</b>	<b>SW ¼ SW ¼ SE ¼</b>	<b>16</b>	<b>T 33 S</b>	<b>R 32 E/W</b>

Distance and direction from nearest town or city street address of well if located within city? **From Liberal go North on Hwy 83 to river bridge 4 mi East and 3 3/4mi South and 3/8mi West into location.**

2 WATER WELL OWNER: **Shirley Beaty** **Mid-Western Exploration**  
 RR#, St. Address, Box # : **Box 22570** Board of Agriculture, Division of Water Resources  
 City, State, ZIP Code : **Denver, Colorado** Application Number: **T 85-525**

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4 DEPTH OF COMPLETED WELL. <b>260</b> ft. ELEVATION:	5 TYPE OF BLANK CASING USED:	6 GROUT MATERIAL:
	Depth(s) Groundwater Encountered 1. <b>145</b> ft. 2. _____ ft. 3. _____ ft.	1 Steel	1 Neat cement
	WELL'S STATIC WATER LEVEL <b>115</b> ft. below land surface measured on mo/day/yr <b>6/13/85</b>	3 RMP (SR)	2 Cement grout
	Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm	6 Asbestos-Cement	3 Bentonite
	Est. Yield <b>75</b> gpm: Well water was _____ ft. after _____ hours pumping _____ gpm	7 Fiberglass	4 Other _____
Bore Hole Diameter <b>9</b> in. to <b>260</b> ft., and _____ in. to _____ ft.	8 Concrete tile	5 Gauzed wrapped	8 Livestock pens
WELL WATER TO BE USED AS:	9 Other (specify below)	6 Wire wrapped	14 Abandoned water well
1 Domestic	8 Air conditioning	7 Torch cut	15 Oil well/Gas well
2 Irrigation	11 Injection well	8 Saw cut	16 Other (specify below)
3 Feedlot	12 Other (Specify below)	9 Drilled holes	
6 Oil field water supply		10 Other (specify)	
9 Dewatering		11 None used (open hole)	
10 Observation well		12 None used (open hole)	
Was a chemical/bacteriological sample submitted to Department? Yes _____ No _____; If yes, mo/day/yr sample was submitted _____	Water Well Disinfected? Yes _____ No _____		

Blank casing diameter **5** in. to **160** 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 **160** ft. to **260** ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

GRAVEL PACK INTERVALS: From **80** ft. to **260** 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** How many feet? **200'**

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0	2	surface			
2	8	clay			
8	23	gravel			
23	44	clay			
44	73	med. to large sand with gravel mixed (hard drilling)			
73	111	10% clay, 30% med. to large sand & 60% rock			
111	260	20% clay, 30% med. to large sand & 50% 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) **June 13, 1985** 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) **June 19, 1985** 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.