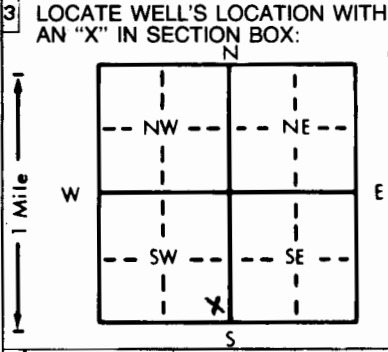


1 LOCATION OF WATER WELL: County: **Seward** Fraction: **SE 1/4 SE 1/4 SW 1/4** Section Number: **17** Township Number: **T 33 S** Range Number: **R 32 E/W**

Distance and direction from nearest town or city street address of well if located within city limits: **From Liberal go North on Hwy 83 14mi North 3mi East 3mi South 1 1/2mi East 1/2mi South 1/2mi West.**

2 WATER WELL OWNER: **Maurice Barr**  
 RR#, St. Address, Box #: **Route #2** Board of Agriculture, Division of Water Resources  
 City, State, ZIP Code: **Liberal, Kansas 67901** Application Number: **35.074**



4 DEPTH OF COMPLETED WELL: **175** ft. ELEVATION: \_\_\_\_\_  
 Depth(s) Groundwater Encountered: 1. **148** ft. 2. \_\_\_\_\_ ft. 3. \_\_\_\_\_ ft.  
 WELL'S STATIC WATER LEVEL: **27** ft. below land surface measured on mo/day/yr **7/28/81**  
 Pump test data: Well water was \_\_\_\_\_ ft. after \_\_\_\_\_ hours pumping \_\_\_\_\_ gpm  
 Est. Yield **1400** gpm: Well water was \_\_\_\_\_ ft. after \_\_\_\_\_ hours pumping \_\_\_\_\_ gpm  
 Bore Hole Diameter: **28** in. to **175** 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 9 Dewatering 12 Other (Specify below)  
2 Irrigation 4 Industrial 7 Lawn and garden only 10 Observation well  
 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: Glued \_\_\_\_\_ Clamped \_\_\_\_\_  
 2 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded \_\_\_\_\_  
 7 Fiberglass \_\_\_\_\_ Threaded \_\_\_\_\_  
 Blank casing diameter: **16"** in. to **35** ft., Dia. \_\_\_\_\_ in. to \_\_\_\_\_ ft., Dia. \_\_\_\_\_ in. to \_\_\_\_\_ ft.  
 Casing height above land surface: **12'** in., weight **421b** lbs./ft. Wall thickness or gauge No. **.250**  
 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 **170** ft. to **175** ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
**Doerr screen** From **30** ft. to **170** ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
 GRAVEL PACK INTERVALS: From **12** ft. to **175** 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 Interval: From **0** ft. to **12** ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
 What is the nearest source of possible contamination: None  
 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? \_\_\_\_\_ How many feet? \_\_\_\_\_

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0	2	surface			
2	26	clay			
26	47	medium to large sand mixed with caliche			
47	132	medium to large sand & gravel mixed			
132	170	medium to large sand			
170	175	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) **August 28, 1981** 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) **August 10, 1981** under the business name of **Carlile Water Well Service, Inc.** by (signature) *Edward E. Meana*  
 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.