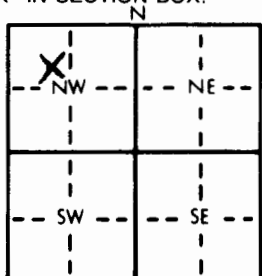


1 LOCATION OF WATER WELL: County: **Seward** Fraction: **SE 1/4 NW 1/4 NW 1/4** Section Number: **12** Township Number: **T 33 S** Range Number: **R 33** **EW**

Distance and direction from nearest town or city street address of well if located within city?
9 miles north, 3 miles east of Liberal, Kansas

2 WATER WELL OWNER: **Bernard Carlile** **Murfin Drilling**
 RR#, St. Address, Box #: **Box 275** **Box 661** Board of Agriculture, Division of Water Resources
 City, State, ZIP Code: **Liberal, Ks. 67901** **Colby, Ks. 67701** Application Number: **920385**

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:  4 DEPTH OF COMPLETED WELL: **260** ft. ELEVATION: _____
 Depth(s) Groundwater Encountered 1. _____ ft. 2. _____ ft. 3. _____ ft.
 WELL'S STATIC WATER LEVEL **162'** ft. below land surface measured on mo/day/yr
 Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm
 Est. Yield _____ gpm: Well water was _____ ft. after _____ hours pumping _____ gpm
 Bore Hole Diameter **8** in. to **260** 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 Monitoring well
 Was a chemical/bacteriological sample submitted to Department? Yes _____ No **X** _____; If yes, mo/day/yr sample was submitted
 Water Well Disinfected? Yes _____ No **X** _____

5 TYPE OF BLANK CASING USED: 1 Steel 2 PVC 3 RMP (SR) 4 ABS 5 Wrought iron 6 Asbestos-Cement 7 Fiberglass 8 Concrete tile 9 Other (specify below) CASING JOINTS: Glued **X** Clamped _____
 Blank casing diameter **4.5** in. to **220** ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
 Casing height above land surface **18** in., weight **2.38** lbs./ft. Wall thickness or gauge No. **248**
 TYPE OF SCREEN OR PERFORATION MATERIAL: 1 Steel 2 Brass 3 Stainless steel 4 Galvanized steel 5 Fiberglass 6 Concrete tile 7 PVC 8 RMP (SR) 9 ABS 10 Asbestos-cement 11 Other (specify) _____ 12 None used (open hole)
 SCREEN OR PERFORATION OPENINGS ARE: 1 Continuous slot 2 Louvered shutter 3 Mill slot 4 Key punched 5 Gauzed wrapped 6 Wire wrapped 7 Torch cut 8 Saw cut 9 Drilled holes 11 None (open hole)
 SCREEN-PERFORATED INTERVALS: From _____ ft. to **220** ft., From _____ ft. to _____ ft.
 GRAVEL PACK INTERVALS: From **20** ft. to **260** ft., From _____ ft. to _____ ft.

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____
 Grout Intervals: From _____ ft. to **20** ft., From _____ ft. to _____ ft.
 What is the nearest source of possible contamination: **NONE** 10 Livestock pens 11 Fuel storage 12 Fertilizer storage 13 Insecticide storage 14 Abandoned water well 15 Oil well/Gas well 16 Other (specify below)
 1 Septic tank 2 Sewer lines 3 Watertight sewer lines 4 Lateral lines 5 Cess pool 6 Seepage pit 7 Pit privy 8 Sewage lagoon 9 Feedyard

Direction from well? _____ How many feet? _____

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	6	Surface-Silty	199	209	Med. Sand
6	32	Fine Sand & Gravel Layers	209	212	Grey Clay
32	58	Sticky Gray Clay	212	255	Med. Sand & Gravel
58	75	Med. Sand/Clay Strks.	255	260	Clay
75	77	Clay			
77	80	Coarse Sand & Gravel			
80	82	Caliche			
82	110	Med. Sand & gravel/Clay layers			
110	118	Caliche & Clay			
118	120	Med. Sand			
120	123	Clay			
123	136	Med. to Fine Sand			
136	138	Caliche			
138	195	Med. Sand & Clay Strks.			
195	199	Sticky 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) **10-24-92** and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **554** This Water Well Record was completed on (mo/day/yr) **10-30-92** under the business name of **WOOFTER PUMP & WELL, INC.** by (signature) *Gay C. Woofter*

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, Topeka, Kansas 66620-0001. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.

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