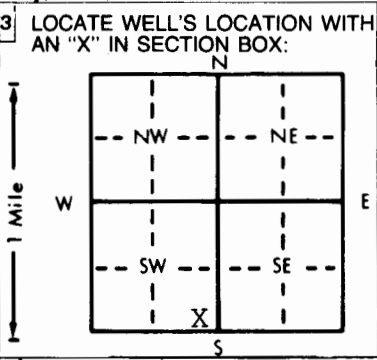


1 LOCATION OF WATER WELL: County: SEWARD	Fraction SE ¼ SE ¼ SW ¼	Section Number 34	Township Number T 33 S	Range Number R 34 <del>E</del> W
---	----------------------------	----------------------	---------------------------	-------------------------------------

Distance and direction from nearest town or city street address of well if located within city?  
 5 MILES NORTH, 5 MILES WEST, 1 MILE NORTH & ½ MILE EAST OF LIBERAL.

2 WATER WELL OWNER: LORI: NIX  
 RR#, St. Address, Box #: RT. 1, BOX 145  
 City, State, ZIP Code: LIBERAL, KS 67901  
 Board of Agriculture, Division of Water Resources  
 Application Number: 40,871



4 DEPTH OF COMPLETED WELL: 637 ft. ELEVATION: \_\_\_\_\_ ft.

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

WELL'S STATIC WATER LEVEL: 161 ft. below land surface measured on mo/day/yr 5/4/94

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: 26 in. to 637 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
9 Dewatering	10 Monitoring well	12 Other (Specify below)

Was a chemical/bacteriological sample submitted to Department? Yes \_\_\_\_\_ No  X \_\_\_\_\_; 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 <input checked="" type="checkbox"/> X _____
		7 Fiberglass		Threaded _____

Blank casing diameter: 16 in. to 637 ft., Dia. \_\_\_\_\_ in. to \_\_\_\_\_ ft., Dia. \_\_\_\_\_ in. to \_\_\_\_\_ ft.

Casing height above land surface: 12 in., weight 42.5 lbs./ft. Wall thickness or gauge No. .250

TYPE OF SCREEN OR PERFORATION MATERIAL:

1 Steel	3 Stainless steel	5 Fiberglass	8 RMP (SR)	10 Asbestos-cement
2 Brass	4 Galvanized steel	6 Concrete tile	9 ABS	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 PERF. 355 ft. to 480 ft., From SCREEN 480 ft. to 520 ft.

From PERF. 520 ft. to 540 ft., From SCREEN 540 ft. to 580 ft.

GRAVEL PACK INTERVALS: From 20 ft. to 637 ft., From PERF. 580 ft. to 635 ft.

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other \_\_\_\_\_

Grout Intervals: From 0 ft. to 20 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	<b>CROPLAND - NOTHING</b>

Direction from well? \_\_\_\_\_ How many feet? \_\_\_\_\_ IMMEDIATE VICINITY

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	200	SURFACE SAND & CLAY			
200	240	MED. COARSE SAND			
240	380	FINE TO MED. SAND			
380	400	FINE SAND			
400	600	FINE TO MED. SAND			
600	634	FINE SAND			
634	660	RED 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) 5/6/94 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 225 This Water Well Record was completed on (mo/day/yr) 5/10/94 under the business name of KTM DRILLING, INC. by (signature) *Randy Winter*

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.

OFFICE USE ONLY

T

R

EW

SEC.

1/4

1/4

1/4