

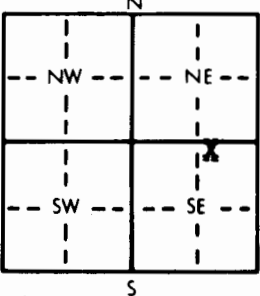
1 LOCATION OF WATER WELL: **SEWARD** 175 Fraction **NW 1/4 NE 1/4 SE 1/4** Section Number **7** Township Number **T 34 S** Range Number **R 31 E/W**

Distance and direction from nearest town or city street address of well if located within city?

**9 East and 4 North of Liberal, Kansas**

2 WATER WELL OWNER: **Mr. Jodie Mahan**  
 RR#, St. Address, Box #: **1704 N. Roosevelt** Board of Agriculture, Division of Water Resources  
 City, State, ZIP Code: **Liberal, Kansas 67901** Application Number: **----**

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



4 DEPTH OF COMPLETED WELL: **150** ft. ELEVATION: **Upland**  
 Depth(s) Groundwater Encountered 1. **Not available** 2. \_\_\_\_\_ ft. 3. \_\_\_\_\_ ft.  
 WELL'S STATIC WATER LEVEL: **42** ft. below land surface measured on mo/day/yr **July 24, 1984**  
 Pump test data: Well water was \_\_\_\_\_ ft. after \_\_\_\_\_ hours pumping \_\_\_\_\_ gpm  
 Est. Yield **50** gpm: Well water was \_\_\_\_\_ ft. after \_\_\_\_\_ hours pumping \_\_\_\_\_ gpm  
 Bore Hole Diameter **9 7/8** in. to **150** ft., and \_\_\_\_\_ in. to \_\_\_\_\_ ft.  
 WELL WATER TO BE USED AS:  
 1 Domestic  3 Feedlot  6 Oil field water supply  9 Dewatering  12 Other (Specify below) **Stock**  
 2 Irrigation  4 Industrial  7 Lawn and garden only  10 Observation well  
 Was a chemical/bacteriological sample submitted to Department? Yes \_\_\_\_\_ No **XX**; If yes, mo/day/yr sample was submitted \_\_\_\_\_  
 Water Well Disinfected? Yes **XX** No

5 TYPE OF BLANK CASING USED:  
 1 Steel  3 RMP (SR)  5 Wrought iron  8 Concrete tile CASING JOINTS: Glued **XX** Clamped \_\_\_\_\_  
 PVC  4 ABS  6 Asbestos-Cement  9 Other (specify below) Welded \_\_\_\_\_  
 7 Fiberglass \_\_\_\_\_ Threaded \_\_\_\_\_

Blank casing diameter **5** in. to **130** ft., Dia \_\_\_\_\_ in. to \_\_\_\_\_ ft., Dia \_\_\_\_\_ in. to \_\_\_\_\_ ft.  
 Casing height above land surface **24** in., weight **2.8** lbs./ft. Wall thickness or gauge No. **265**

TYPE OF SCREEN OR PERFORATION MATERIAL:  
 1 Steel  3 Stainless steel  5 Fiberglass  XX 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  XXB 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 **130** ft. to **150** ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
 From \_\_\_\_\_ ft. to \_\_\_\_\_ ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
 GRAVEL PACK INTERVALS: From **10** ft. to **150** ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
 From \_\_\_\_\_ ft. to \_\_\_\_\_ ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

6 GROUT MATERIAL:  XX 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: **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	6	Topsoil			
6	150	Clay			
15	40	Med. to Lar. Sand w/Clay Streaks			
40	160	Fine Sand w/Clay Streaks			

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) **July 25, 1984** and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **252**. This Water Well Record was completed on (mo/day/year) **July 26, 1984** under the business name of **Friesen Windmill & Supply 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.

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