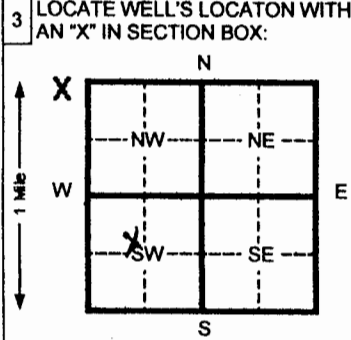


1 LOCATION OF WATER WELL: County: **Seward** Fraction: **SE 1/4 NW 1/4 SW 1/4** Section Number: **33** Township Number: **T 34 S** Range Number: **R 33 E**  
 Distance and direction from nearest town or city street address of well if located within city?  
**Graber Service Station**

2 WATER WELL OWNER: **Graber Service Station**  
 RR#, St. Address, Box #: **601 N. Kansas** Board of Agriculture, Division of Water Resources  
 City, State, ZIP Code: **Liberal, KS** Application Number:



4 DEPTH OF COMPLETED WELL: **180** ft. ELEVATION: \_\_\_\_\_  
 Depth(s) Groundwater Encountered 1 \_\_\_\_\_ ft. 2 \_\_\_\_\_ ft. 3 \_\_\_\_\_ ft.  
 WELL'S STATIC WATER LEVEL \_\_\_\_\_ 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 **180** ft. and \_\_\_\_\_ in. to \_\_\_\_\_ ft.  
 WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well  
 1 Domestic 3 Feed lot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)  
 2 Irrigation 4 Industrial 7 Lawn and garden (domestic) **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 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 **X**  
 Blank casing diameter **4** in. to **150** ft. Dia \_\_\_\_\_ in. to \_\_\_\_\_ ft. Dia \_\_\_\_\_ in. to \_\_\_\_\_ ft.  
 Casing height above land surface **0** in., weight **2.071** lbs./ft. Wall thickness or gauge No. **.237**  
 TYPE OF SCREEN OR PERFORATION MATERIAL: **7** PVC 10 Asbestos-cement  
 1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 11 Other (specify) \_\_\_\_\_  
 2 Brass 4 Galvanized steel 6 Concrete tile 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 **150** ft. to **180** ft. From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
 GRAVEL PACK INTERVALS: From **148** ft. to **180** ft. From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

6 GROUT MATERIAL: **1** Neat cement **2** Cement grout **3** Bentonite **4** Other  
 Grout Intervals From **0** ft. to **146** ft. From **146** ft. to **148** 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 **Contaminated site**  
 Direction from well? \_\_\_\_\_ How many feet? \_\_\_\_\_

FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	2		Surface	140	156	Caliche & clay w/cemented sd strks
2	5		Silt	156	167	Caliche & clay w/some sandstrks
5	9		Fine silty sand	167	174	Caliche & clay w/sand strks
9	20		Clay w/caliche & sandy clay strk	174	180	Clay & caliche w/sandy clay strks
20	25		Fine sand w/sandy clay strks			
25	43		Clay w/caliche & sandy clay strk			
43	47		Sandy clay w/clay lenses			
47	63		Clay w/caliche sandstone			
63	74		Clay w/caliche & sandy clay strk			
74	89		Clay & caliche w/traces of sd			
89	95		Fine to some med sd w/sandy clay strks			
95	128		Clay w/caliche lenses			
128	140		Caliche w/clay strks			

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/yr) **7-30-07** 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) **082407**  
 under the business name of **Woofter Pump & Well Inc.** by (signature) *[Signature]*  
 INSTRUCTIONS: Please fill in blanks and circle the correct answers. Send three copies to Kansas Department of Health and Environment, Bureau of Water, 800 S.W. Jackson St., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 913-236-5545. Send one to WATER WELL OWNER and retain one for your records.

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