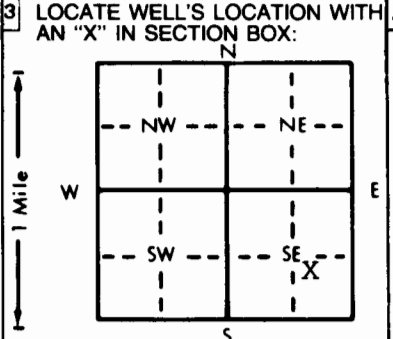


1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: <b>Seward</b>	NW 1/4 SE 1/4 SE 1/4	8	T 34 S	R 33 E/W

Distance and direction from nearest town or city street address of well if located within city?  
 4 MILES NORTH & 1/3 MILE WEST OF LIBERAL, KANSAS.

2 WATER WELL OWNER: **J.W. Fitzgerald**  
 RR#, St. Address, Box # : **Rt 2 Box 23**  
 City, State, ZIP Code : **Liberal, Kansas 67901**  
 Board of Agriculture, Division of Water Resources  
 Application Number: **43,076**



4 DEPTH OF COMPLETED WELL... **645** ft. ELEVATION: .....

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

WELL'S STATIC WATER LEVEL .. **160** ft. below land surface measured on mo/day/yr .. **3-4-98**

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 .. **645** 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)  
 Irrigation 4 Industrial 7 Lawn and garden only 10 Monitoring 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:

<input checked="" type="checkbox"/> 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"/> .....
		7 Fiberglass		Threaded .....	

Blank casing diameter .... **16** in. to .. **645** 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:

<input checked="" type="checkbox"/> Steel	3 Stainless steel	5 Fiberglass	8 RMP (SR)	10 Asbestos-cement	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	<input checked="" type="checkbox"/> 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 ..... **0** ft. to ..... **0** ft., From .... **201** ft. to .... **645** ft.

GRAVEL PACK INTERVALS: From .... **20** ft. to .... **645** ft., From ..... ft. to ..... ft.

6 GROUT MATERIAL:  Neat cement 2 Cement grout 3 Bentonite 4 Other .....

Grout Intervals: From ..... **0** ft. to .... **20** ft., From ..... ft. to ..... 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	<input checked="" type="checkbox"/> 6 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	247	Coarse sand w/some clay streak			
247	308	Coarse sand			
308	337	Coarse sand w/some clay streak			
337	368	Coarse sand w/clay streaks			
368	399	Med. sand & clay mix			
399	430	Med. sand & clay mix			
430	492	Coarse sand			
492	552	Med. sand			
552	583	Med. sand & clay mix			
583	614	Fine sand & clay mix			
614	643	Coarse sand & very little clay			
643	674	Red bed			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was  constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) .... **3-1-98** ..... 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) ... **4-15-98** ..... under the business name of **KTM Drilling, Inc.** by (signature) *[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, Bureau of Water, Topeka, Kansas 66620-0001. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.