

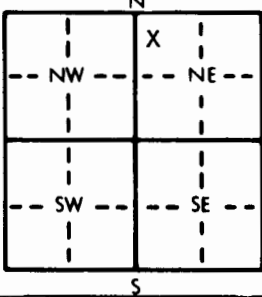
1 LOCATION OF WATER WELL: County: Seward Fraction: NW 1/4 NW 1/4 NE 1/4 Section Number: 24 Township Number: T 34 S Range Number: R 33 E/W

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

4 mi. East 23/4 North of Liberal, Ks.

2 WATER WELL OWNER: Eugene McAhren  
 RR#, St. Address, Box #: Rt. 2  
 City, State, ZIP Code: Liberal, Ks. 67901  
 Board of Agriculture, Division of Water Resources  
 Application Number:

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



4 DEPTH OF COMPLETED WELL: 300 ft. ELEVATION: ..... ft.  
 Depth(s) Groundwater Encountered 1. 120 ft. 2. .... ft. 3. .... ft.  
 WELL'S STATIC WATER LEVEL 180 ft. below land surface measured on mo/day/yr 2-18-86  
 Pump test data: Well water was 195 ft. after 2 hours pumping 55 gpm  
 Est. Yield 45 gpm: Well water was ..... ft. after ..... hours pumping ..... gpm  
 Bore Hole Diameter 9 in. to 300 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 Observation well  
 Was a chemical/bacteriological sample submitted to Department? Yes.....No.....X.....; If yes, mo/day/yr sample was submitted  
 Water Well Disinfected? Yes X No

5 TYPE OF BLANK CASING USED:  
 1 Steel 3 RMP (SR) 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued X Clamped .....  
 2 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded .....  
 7 Fiberglass Threaded.....  
 Blank casing diameter 0 in. to 240 ft., Dia ..... in. to ..... ft., Dia ..... in. to ..... ft.  
 Casing height above land surface 14 in., weight 200 lbs./ft. Wall thickness or gauge No. 0.265

TYPE OF SCREEN OR PERFORATION MATERIAL:  
 1 Steel 3 Stainless steel 5 Fiberglass 7 PVC 10 Asbestos-cement  
 2 Brass 4 Galvanized steel 6 Concrete tile 8 RMP (SR) 11 Other (specify) .....  
 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 120 ft. to 300 ft., From ..... ft. to ..... ft.  
 From ..... ft. to ..... ft., From ..... ft. to ..... ft.  
 GRAVEL PACK INTERVALS: From 110 ft. to 300 ft., From ..... ft. to ..... ft.  
 From ..... ft. to ..... ft., From ..... ft. to ..... ft.

6 GROUT MATERIAL: 1 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:  
 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? South How many feet? 125

| FROM | TO  | LITHOLOGIC LOG             | FROM | TO | LITHOLOGIC LOG |
|------|-----|----------------------------|------|----|----------------|
| 0    | 180 | Overburden                 |      |    |                |
| 180  | 200 | Medium sand                |      |    |                |
| 200  | 220 | Medium sand and clay stks. |      |    |                |
| 220  | 240 | Medium sand                |      |    |                |
| 240  | 260 | Medium sand and clay stks. |      |    |                |
| 260  | 280 | Medium sand and clay stks. |      |    |                |
| 280  | 300 | Medium sand and clay stks. |      |    |                |

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) 2-18-86 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 142 This Water Well Record was completed on (mo/day/yr) 2-20-86 under the business name of T & W WATER WELL SERVICE, INC. by (signature) CD Wagoner

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.

OFFICE USE ONLY

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R

EW

SEC.

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