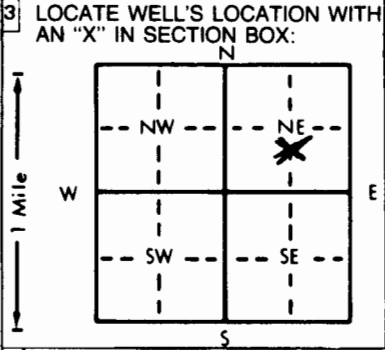


1 LOCATION OF WATER WELL: County: **Seward** Fraction: **N $\frac{1}{2}$ $\frac{1}{4}$ S $\frac{1}{2}$ $\frac{1}{4}$ NE $\frac{1}{4}$** Section Number: **25** Township Number: **T 34 S** Range Number: **R 34 EW**

Distance and direction from nearest town or city street address of well if located within city?
N of Liberal on #83 to Tucker Rd. 2W., S & W into

2 WATER WELL OWNER: **Ensign Operating** #2-25 Liberal
 RR#, St. Address, Box #: **P.O. Box 2161** Board of Agriculture, Division of Water Resources
 City, State, ZIP Code: **Liberal, Ks. 67905** Application Number: **970065**



4 DEPTH OF COMPLETED WELL: **340** ft. ELEVATION: _____
 Depth(s) Groundwater Encountered 1. **135** ft. 2. _____ ft. 3. _____ ft.
 WELL'S STATIC WATER LEVEL: **135** ft. below land surface measured on mo/day/yr: **1-31-97**
 Pump test data: Well water was **218** ft. after **1** hours pumping **95** gpm
 Est. Yield: **95** gpm: Well water was _____ ft. after _____ hours pumping _____ gpm
 Bore Hole Diameter: **9 $\frac{1}{4}$** in. to **340** 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 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 **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: **5** in. to **340** ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
 Casing height above land surface: **24** in., weight **2,902** lbs./ft. Wall thickness or gauge No. **.280 SDR 21**
 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:
 5 Gauzed wrapped **8** Saw cut 11 None (open hole)
 1 Continuous slot 3 Mill slot 6 Wire wrapped 9 Drilled holes
 2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify) _____
 SCREEN-PERFORATED INTERVALS: From **260** ft. to **340** ft., From _____ ft. to _____ ft.
 From _____ ft. to _____ ft., From _____ ft. to _____ ft.
 GRAVEL PACK INTERVALS: From **175** ft. to **340** 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 **Hole Plug**
 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 16 Other (specify below)
 13 Insecticide storage
 Direction from well? **West** How many feet? **200**

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	4	Top			
4	39	Clay			
39	49	Sand			
49	73	Sandy Clay / Clay			
73	82	Sand			
82	93	Clay			
93	110	Sand w/ Clay Streaks			
110	121	Clay			
121	134	Sand			
134	153	Clay			
153	174	Caliche			
174	200	Fine Sand / Caliche			
200	334	Sand & Gravel			
334	340	Sand / Blue 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) **1-31-97** and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **KWCL - 430**. This Water Well Record was completed on (mo/day/yr) **1-31-97** under the business name of **Howard Drlg. Box 806, Beaver, Ok 73932** 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, Bureau of Water, Topeka, Kansas 66620-0001. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.