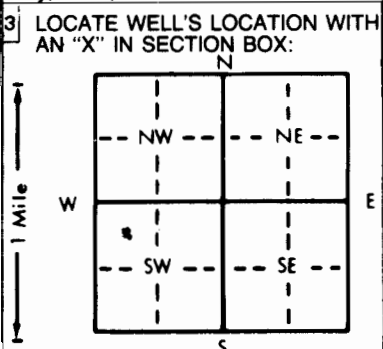


1 LOCATION OF WATER WELL: County: Seward Fraction: SE 1/4 NW 1/4 SW 1/4 Section Number: 13 Township Number: T 35 S Range Number: R 31 **EW**

Distance and direction from nearest town or city street address of well if located within city?
13 East of Liberal on Blue Bell Rd. 2 3/4 South 1 East North into

2 WATER WELL OWNER: Nancy Louderback 1-13 Slawson Drilling
 RR#, St. Address, Box #: Box 1409 Board of Agriculture, Division of Water Resources
 City, State, ZIP Code: Great Bend, KS Application Number: T87-563



4 DEPTH OF COMPLETED WELL: 360 ft. ELEVATION: _____
 Depth(s) Groundwater Encountered 1. 145 ft. 2. _____ ft. 3. _____ ft.
 WELL'S STATIC WATER LEVEL: 215 ft. below land surface measured on mo/day/yr 12-18-87
 Pump test data: Well water was 230 ft. after 2 hours pumping 5.5 gpm
 Est. Yield 60 gpm: Well water was _____ ft. after _____ hours pumping _____ gpm
 Bore Hole Diameter: 9 in. to 360 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 0-280 ft., Dia. _____ in. to _____ ft., Dia. _____ in. to _____ ft.
 Casing height above land surface: 13 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) _____
 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 215 ft. to 360 ft., From _____ ft. to _____ ft.
 From _____ ft. to _____ ft., From _____ ft. to _____ ft.
 GRAVEL PACK INTERVALS: From 210 ft. to 360 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 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? East How many feet? 300

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0	215	Overburden			
215	240	Blue Clay			
240	260	Medium sand			
260	280	Medium sand			
280	300	Blue clay			
300	320	Blue clay			
320	340	Blue clay			
340	360	Medium sand			

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) 12-18-87 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) 12-28-87 under the business name of T & W Water Well Service, Inc. by (signature) C.D. Wagonella

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 Protection, Topeka, Kansas 66620-7320, Telephone: 913-862-9360. Send one to WATER WELL OWNER and retain one for your records.

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