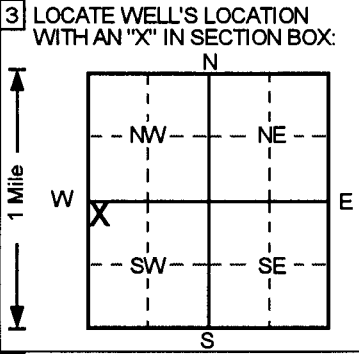


1 LOCATION OF WATER WELL: County: **Seward** Fraction: **NW 1/4 NW 1/4 SW 1/4** Section Number: **4** Township Number: **T 35 S** Range Number: **R 33 W**

Distance and direction from nearest town or city street address of well if located within city?  
**40' West & 40' South of Pancake & Pennsylvania**

2 WATER WELL OWNER: **Weaver General Store**  
 RR#, St. Address, Box # : **420 South Washington** Board of Agriculture, Division of Water Resources  
 City, State, ZIP Code : **Liberal, Kansas** Application Number:



4 DEPTH OF COMPLETED WELL: **158** ft. ELEVATION: **2838.64**  
 Depth(s) Groundwater Encountered 1. **148** ft. 2. \_\_\_\_\_ ft. 3. \_\_\_\_\_ ft.  
 WELL'S STATIC WATER LEVEL: **146.55** ft. below land surface measured on **10/11/95**  
 Pump test data: Well water was **NA** ft. after \_\_\_\_\_ hours pumping \_\_\_\_\_ gpm  
 Est. Yield **NA** gpm: Well water was \_\_\_\_\_ ft. after \_\_\_\_\_ hours pumping \_\_\_\_\_ gpm  
 Bore Hble Diameter **8** in. to **160** 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 ; If yes, mo/day/yr sample was submitted  
 Water Well Disinfected? Yes \_\_\_\_\_ No

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   
 Blank casing diameter **2** in. to **128** ft., Dia \_\_\_\_\_ in. to \_\_\_\_\_ ft., Dia \_\_\_\_\_ in. to \_\_\_\_\_ ft.  
 Casing height above land surface **4.68** in., weight \_\_\_\_\_ lbs./ft. Wall thickness or gauge No. **Sch. 40**  
 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 **128** ft. to **158** ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
 From \_\_\_\_\_ ft. to \_\_\_\_\_ ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
 GRAVEL PACK INTERVALS: From **124** ft. to **160** 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 **120** ft., From **120** ft. to **124** 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 **UST Basin**  
 Direction from well? **NW** How many feet? **400**

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	0.33	Concrete,			
0.33	6	Clay, Dark Brown			
6	13	Clay, Medium Brown			
13	20	Sand, Light Yellow Brown			
20	27	Clay, Light Brown			
27	33	Sand, Medium Orange Brown			
33	36	Sand, Light Orange Brown			
36	56	Clay, Light Orange Brown			
56	78	Clay, Medium Orange Brown			
78	90	Sand, Medium Orange Brown			
90	102	Clay, Light Orange Brown			
102	125	Clay, Medium Orange Brown			
125	138	Clay, Light Orange Brown			MW7, Tag # 00116660, Flushmount
138	146	Caliche Bed,			Project Name: Weaver General Store
146	160	Sand, Light Orange Brown			GeoCore # 141, KDHE # U1 088 769

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) **9/30/95** and this record is true to the best of my knowledge and belief.  
 Kansas Water Well Contractor's License No. **527** This Water Well Record was completed on (mo/day/yr) **10/30/95**  
 under the business name of **GeoCore Services, Inc.** by (signature) *Dale Row*

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.

OFFICE USE ONLY

T

R

EW

SEC.

1/4

1/4

1/4