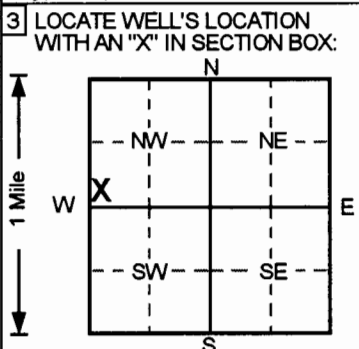


1 LOCATION OF WATER WELL: County: **Seward** Fraction **SW 1/4 SW 1/4 NW 1/4** Section Number **4** Township Number **T 35 S** Range Number **R 33 E/W**

Distance and direction from nearest town or city street address of well if located within city?  
**30' East & 80' North of Pancake & Washington**

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: **160** ft. ELEVATION: **2838.01**  
 Depth(s) Groundwater Encountered 1. .... ft. 2. .... ft. 3. .... ft.  
 WELL'S STATIC WATER LEVEL: **146.7** 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 Hole 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 **130** ft., Dia ..... in. to ..... ft., Dia ..... in. to ..... ft.  
 Casing height above land surface **-1.8** 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) .....  
 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 **130** ft. to **160** ft., From ..... ft. to ..... ft.  
 From ..... ft. to ..... ft., From ..... ft. to ..... ft.  
 GRAVEL PACK INTERVALS: From **125** 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 **121** ft., From **121** ft. to **125** 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? **130**

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	2	Topsoil, Light Brown	146	160	Sand, Light Orange Brown
2	8	Clay, Medium Brown			
8	13	Clay, Light Brown			
13	19	Sand, Light Yellow Orange			
19	21	Sand, Light Yellow Brown			
21	27	Clay, Medium to Light Brown			
27	35	Sand, Light Yellow Green			
35	42	Clay, Light Green			
42	54	Clay, Light Gray Green			
54	70	Clay, Light Brown			
70	92	Clay, Light Gray Brown			
92	110	Clay, Light Orange Brown			
110	120	Clay, Light Orange Brown			MW4, Tag # 00116394, Flushmount
120	138	Clay, Light Orange Brown			Project Name: Weaver General Store
138	146	Caliche Bed,			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) *Bob Roll*

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

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EW

SEC.

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