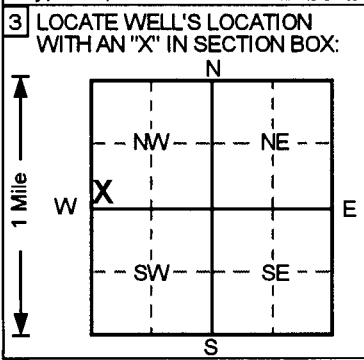


1 LOCATION OF WATER WELL: Fraction **SW ¼ SW ¼ NW ¼** Section Number **4** Township Number **T 35 S** Range Number **R 33 E/W**
 County: **Seward**

Distance and direction from nearest town or city street address of well if located within city?
90' West & 50' 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 **157** ft. ELEVATION: **2838.63**
 Depth(s) Groundwater Encountered 1. ft. 2. ft. 3. ft.
 WELL'S STATIC WATER LEVEL .. **146.88** .. ft. below land surface measured on **mo/day/yr** **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 **159** 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: 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued Clamped
 1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded
2 PVC 4 ABS 7 Fiberglass Threaded.
 Blank casing diameter **2** in. to **127** ft., Dia in. to ft., Dia in. to ft.
 Casing height above land surface **4.56** in., weight lbs./ft. Wall thickness or gauge No. **Sch. 40**
 TYPE OF SCREEN OR PERFORATION MATERIAL **7** PVC 10 Asbestos-cement
 1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 11 Other (specify)
 2 Brass 4 Galvanized steel 6 Concrete tile 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 **127** ft. to **157** ft., From ft. to ft.
 From ft. to ft., From ft. to ft.
 GRAVEL PACK INTERVALS: From **125** ft. to **157** 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 **123** ft., From **123** 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)
 **UST Basin**
 Direction from well? **N** How many feet? **65**

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	0.5	Concrete,	74	91	Clay, Medium Orange Brown
0.5	3	Fill Sand, Light Orange Brown	91	120	Clay, Light Orange Brown
3	4	Clay, Light Brown	120	130	Clay, Light Orange Brown
4	4.5	Concrete Slab,	130	138	Clay, Light Orange Brown
4.5	8	Clay, Light Brown	138	146	Caliche Bed
8	14	Sand, Light Yellow Brown	146	149	Clay, Light Orange Brown
14	20	Sand, Light Brown	149	159	Sand, Light Orange Brown
20	22	Clay, Medium Orange Brown			
22	30	Sand, Light Yellow Green			
30	35	Clay, Light Green			
35	44	Clay, Light Green			
44	51.5	Clay, Light Green			
51.5	60	Clay, Light Green Brown			MW3, Tag # 00116707, Flushmount
60	72	Clay, Light Green Brown			Project Name: Weaver General Store
72	74	Sand, Light Yellow 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) *Paul Ball*

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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