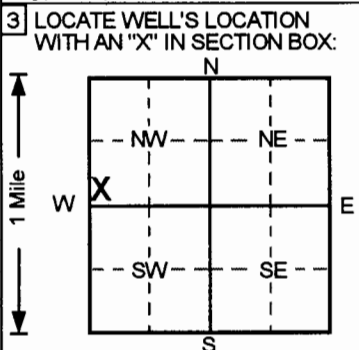


1 LOCATION OF WATER WELL: County: Seward	Fraction SW ¼ SW ¼ NW ¼	Section Number 4	Township Number T 35 S	Range Number R 33 EW
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Distance and direction from nearest town or city street address of well if located within city?
80' West & 100' North of Pancake & Washington

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



4 DEPTH OF COMPLETED WELL **159.5** ft. ELEVATION: **2838.7**
 Depth(s) Groundwater Encountered 1. ft. 2. ft. 3. ft.
 WELL'S STATIC WATER LEVEL **146.96** 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 **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 **129.5** 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
 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 **129.5** ft. to **159.5** ft., From ft. to ft.
 From ft. to ft., From ft. to ft.
 GRAVEL PACK INTERVALS: From **124.5** 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 **124.5** 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? **0** How many feet? **0**

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	0.5	Concrete,	78	80	Clay, Medium Brown
0.5	6	Clay, Dark Brown	80	90	Clay, Light Red Brown
6	9.5	Clay, Dark Brown	90	99	Clay, Light Red Brown
9.5	14	Sand, Light Yellow Brown	99	120	Clay, Light Orange Brown
14	20	Clay, Light Gray Brown	120	128	Clay, Light Orange Brown
20	24	Clay, Medium Orange Brown	128	136	Clay, Light Orange Brown
24	30	Clay, Light Gray Green	136	140	Caliche Bed,
30	32	Sand Lense, Very Light Green	140	148	Clay, Light Orange Brown
32	40	Clay, Light Olive Brown	148	160	Sand, Light Orange Brown
40	50	Clay, Light Olive Brown			
50	60	Clay, Green			
60	62	Sand, Light Green			
62	64	Clay, Green			MW1, Tag # 00116691, Flushmount
64	70	Clay, Green			Project Name: Weaver General Store
70	78	Clay, Medium 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 Robt*

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.

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