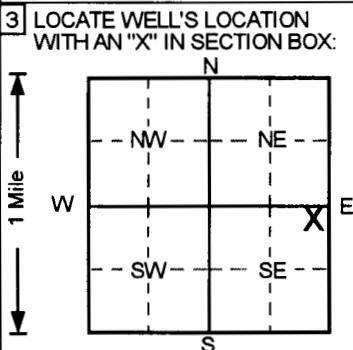


1 LOCATION OF WATER WELL: County: <b>Seward</b>	Fraction <b>NE ¼ NE ¼ SE ¼</b>	Section Number <b>5</b>	Township Number <b>T 35 S</b>	Range Number <b>R 33</b> <b>EW</b>
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Distance and direction from nearest town or city street address of well if located within city?  
**500 S. Kansas -- Liberal, KS**

2 WATER WELL OWNER: **Crossroads Texaco, Texaco 54 & 83**  
 RR#, St. Address, Box # : **P.O. Box 148**  
 City, State, ZIP Code : **Liberal, Kansas 67905**  
 Board of Agriculture, Division of Water Resources  
 Application Number:



4 DEPTH OF COMPLETED WELL: **165** ft. ELEVATION: \_\_\_\_\_  
 Depth(s) Groundwater Encountered 1. **150** ft. 2. \_\_\_\_\_ ft. 3. \_\_\_\_\_ ft.  
 WELL'S STATIC WATER LEVEL \_\_\_\_\_ ft. below land surface measured on mo/day/yr \_\_\_\_\_  
 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 **165** 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 **135** ft., Dia \_\_\_\_\_ in. to \_\_\_\_\_ ft., Dia \_\_\_\_\_ in. to \_\_\_\_\_ ft.  
 Casing height above land surface **0** 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:  
 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 **135** ft. to **165** ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
 From \_\_\_\_\_ ft. to \_\_\_\_\_ ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
 GRAVEL PACK INTERVALS: From **132** ft. to **165** 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 **130** ft., From **130** ft. to **132** 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? **110**

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	0.25	Concrete,			
0.25	9	Sand, Medium Orange Brown			
9	18	Sand, Light Yellow Brown			
18	27	Sand, Medium Yellow Orange Brown			
27	32	Clay, Medium Orange Brown			
32	40	Sand, Light Yellow Green			
40	43	Sand, Light Yellow Green			
43	70	Clay, Very Light Brown			
70	82	Clay, Light Orange Brown			
82	100	Clay, Light Orange Brown			
100	115	Clay, Light Brown			
115	128	Clay, Light Brown			
128	138	Sand, Orange Brown			MW2, Tag # 00131843, Flushmount
138	153	Caliche Bed, Orange Brown			Project Name: Crossroads Texaco
153	165	Clay, Orange Brown			GeoCore # 142, KDHE # U1 088 882

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) **12/8/95** 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) **12/22/95**  
 under the business name of **GeoCore Services, Inc.** by (signature) *Dale Koll*

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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