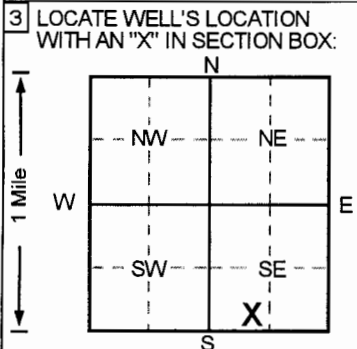


1 LOCATION OF WATER WELL: County: <b>Seward</b>	Fraction <b>SE ¼ SW ¼ SE ¼</b>	Section Number <b>6</b>	Township Number <b>T 35 S</b>	Range Number <b>R 33 EW</b>
--	-----------------------------------	----------------------------	----------------------------------	--------------------------------

Distance and direction from nearest town or city street address of well if located within city?

**West 2nd Street Road - Liberal, KS**

2 WATER WELL OWNER: **Panhandle Eastern Liberal Maintenance Facility**  
 RR#, St. Address, Box # : **RR #1, Box 220**  
 City, State, ZIP Code : **Liberal, Kansas 67901**  
 Board of Agriculture, Division of Water Resources  
 Application Number:



4 DEPTH OF COMPLETED WELL **50** ft. ELEVATION: **2860.78**  
 Depth(s) Groundwater Encountered 1. **999** ft. 2. \_\_\_\_\_ ft. 3. \_\_\_\_\_ ft.  
 WELL'S STATIC WATER LEVEL **999** 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 **100** 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 **Soil Vapor Extract.**  
 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 **40** ft., Dia \_\_\_\_\_ in. to \_\_\_\_\_ ft., Dia \_\_\_\_\_ in. to \_\_\_\_\_ ft.  
 Casing height above land surface **36** 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 **40** ft. to **50** ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
 From \_\_\_\_\_ ft. to \_\_\_\_\_ ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
 GRAVEL PACK INTERVALS: From **38** ft. to **50** 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 **3** ft. to **34** ft., From **34** ft. to **38** 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)**  
 \_\_\_\_\_ **Sump System** \_\_\_\_\_  
 Direction from well? **N** How many feet? **40**

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	10	Clay and Silt, Dark Brown			
10	20	Silt and Clay, Dark Brown			
20	30	Clay, Light Tan			
30	40	Sand, Light Brown Tan			
40	50	Sand/Silt, Light Brown Tan			
50	60	Sand, Light Brown			
60	70	Silt, Light Brown Tan			
70	80	Sand, Light Brown Tan			
80	90	Clay, Tan			
90	100	Clay, Light Tan			
					SVE6, Abovegrade
					Project Name: Panhandle Eastern (S.S. Papa)
					GeoCore # 354, #

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) **5/13/96** 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) **6/12/96**  
 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  
T  
R  
EW  
SEC.  
1/4  
1/4