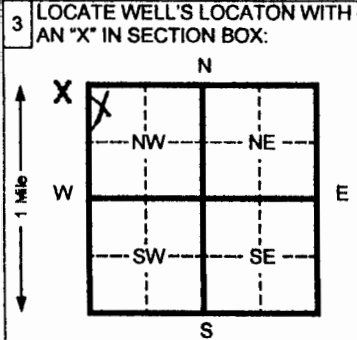


1 LOCATION OF WATER WELL: Fraction NW 1/4 NW 1/4 NW 1/4 Section Number 9 Township Number T 35 S Range Number R 33 EW  
 County: Seward  
 Distance and direction from nearest town or city street address of well if located within city?  
Corance

2 WATER WELL OWNER: Leon's Diamond Shamrock  
 RR#, St. Address, Box #: Pine + Ks Board of Agriculture, Division of Water Resources  
 City, State, ZIP Code: Liberal, KS Application Number: MW-4R



4 DEPTH OF COMPLETED WELL 200 ft. ELEVATION: \_\_\_\_\_  
 Depth(s) Groundwater Encountered 1 \_\_\_\_\_ 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 \_\_\_\_\_ ft. after \_\_\_\_\_ hours pumping \_\_\_\_\_ gpm  
 Est. Yield \_\_\_\_\_ gpm: Well water was \_\_\_\_\_ ft. after \_\_\_\_\_ hours pumping \_\_\_\_\_ gpm  
 Bore Hole Diameter 8 in. to 200 ft. and \_\_\_\_\_ in. to \_\_\_\_\_ ft.  
 WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well  
 1 Domestic 3 Feed lot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)  
 2 Irrigation 4 Industrial 7 Lawn and garden (domestic) 10 Monitoring well  
 Was a chemical/bacteriological sample submitted to Department? Yes \_\_\_\_\_ No X If yes, mo/day/yr sample was submitted \_\_\_\_\_  
 Water Well Disinfected? Yes \_\_\_\_\_ No X

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 X  
 Blank casing diameter 4 in. to 160 ft., Dia \_\_\_\_\_ in. to \_\_\_\_\_ ft., Dia \_\_\_\_\_ in. to \_\_\_\_\_ ft.  
 Casing height above land surface 0 in., weight 2.071 lbs./ft. Wall thickness or gauge No. .237  
 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 160 ft. to 200 ft. From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
 GRAVEL PACK INTERVALS: From 156 ft. to 200 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 152 ft. From 152 ft. to 156 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 Contaminated site  
 Direction from well? \_\_\_\_\_ How many feet? \_\_\_\_\_

FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	.5		Cement	95	106	Fine to some med sd w/clay & cal
.5	8		Clay			Strks
8	13		Clay w/sandy clay strks	106	140	Caliche w/clay strks
13	20		Clay w/sandy clay strks & Caliche lenses	140	190	Caliche w/clay lenses
20	28		Sandy clay w/clay strks	190	200	Fine to med sand w/caliche strks, Clay lenses
28	38		Clay & caliche w/sandy clay strk			
38	49		Sandy clay w/clay & caliche Strks			
49	85		Clay & caliche w/sandy clay Strks			
85	89		Sandy clay w/caliche lenses			
89	95		Clay w/sand strks & caliche lenses			

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/yr) 8-2-07 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 554 This Water Well Record was completed on (mo/day/yr) 8-31-07 under the business name of Woofter Pump & Well Inc. by (signature) [Signature]  
 INSTRUCTIONS: Please fill in blanks and circle the correct answers. Send three copies to Kansas Department of Health and Environment, Bureau of Water, 1000 S W Jackson St., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 913-298-5545. Send one to WATER WELL OWNER and retain one for your records.

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