

LOCATION OF WATER WELL: County: Seward	Fraction SW 1/4 SW 1/4 NW 1/4	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?

Railroad & Kansas Avenue Liberal Kansas

WATER WELL OWNER: **Collingwood Grain Inc.**
 RR#, St. Address, Box #: **PO Box 2150 Wiley Building**
 City, State, ZIP Code: **Hutchinson Kansas 67504**
 Board of Agriculture, Division of Water Resources
 Application Number:

LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:

N			
	W	X	E
S			

DEPTH OF COMPLETED WELL: **156** ft. ELEVATION: _____
 Depth(s) Groundwater Encountered 1. **150** ft. 2. _____ ft. 3. _____ ft.
 WELL'S STATIC WATER LEVEL: **150** ft. below land surface measured on mo/day/yr **6/3/92**
 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 **156** ft., and _____ in. to _____ ft.
 WELL WATER TO BE USED AS:
 1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 11 Injection well
 2 Irrigation 4 Industrial 7 Lawn and garden only **10 Monitoring well** 12 Other (Specify below)
 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**

TYPE OF BLANK CASING USED:

1 Steel	3 RMP (SR)	5 Wrought iron	8 Concrete tile	CASING JOINTS: Glued X Clamped _____
2 PVC	4 ABS	6 Asbestos-Cement	9 Other (specify below)	Welded _____
		7 Fiberglass		Threaded _____

Blank casing diameter: **4** in. to **156** ft., Dia. _____ in. to _____ ft., Dia. _____ in. to _____ ft.
 Casing height above land surface: **0** in., weight _____ lbs./ft. Wall thickness or gauge No. **Schedule 40**

TYPE OF SCREEN OR PERFORATION MATERIAL:

1 Steel	3 Stainless steel	5 Fiberglass	8 RMP (SR)	10 Asbestos-cement
2 Brass	4 Galvanized steel	6 Concrete tile	9 ABS	11 Other (specify) _____
				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 **26** ft. to **46** ft., From _____ ft. to _____ ft.
 From **136** ft. to **156** ft., From _____ ft. to _____ ft.
 GRAVEL PACK INTERVALS: From **26** ft. to **46** ft., From _____ ft. to _____ ft.
 From **136** ft. to **156** ft., From _____ ft. to _____ ft.

GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____
 Grout Intervals: From **1** ft. to **15** ft., From **116** ft. to **135** ft., From _____ ft. to _____ ft.

What is the nearest source of possible contamination:

1 Septic tank	4 Lateral lines	7 Pit privy	11 Fuel storage	14 Abandoned water well
2 Sewer lines	5 Cess pool	8 Sewage lagoon	12 Fertilizer storage	15 Oil well/Gas well
3 Watertight sewer lines	6 Seepage pit	9 Feedyard	13 Insecticide storage	16 Other (specify below)

Direction from well? **WEST** How many feet? **200'**

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	5	Top Soil (dark)			
5	18	Clay & Sands			
18	25	Heavy Clay, Coarse Sand			
25	30	Heavy Clays, Harden Cleache			
30	35	Fine Sands, Trace of Clay			
35	48	Clean White Sand			
48	52	Red Clays, Coarse Sands, Small Rock			
52	58	Clays, Soft Cleache			
58	62	Hard Moist Clay			
62	71	Dark Clay			
71	75	Coarse Sand			
75	87	Fine Sand			
87	110	Tan Clays, sand, Cleache			
110	120	Tight Clay & Sand			
120	156	Sandy Clay, Water			

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) **6/3/92** and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **66-107 535** This Water Well Record was completed on (mo/day/yr) **6/4/92** under the business name of **Puyear Contractors Inc.** by (signature) **James Puyear**

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 66620-7320. Telephone: 913-298-5545. Send one to WATER WELL OWNER and retain one for your records.

OFFICE USE ONLY T R EW SEC 1/4 1/4 1/4 1/4