

1 LOCATION OF WATER WELL: County: SEWARD Fraction: NW 1/4 NW 1/4 NW 1/4 Section Number: 9 Township Number: T 35 S Range Number: R 33 E/W

Distance and direction from nearest town or city street address of well if located within city?
905 S. KANSAS AVE., Liberal, KANSAS MW-2

2 WATER WELL OWNER: JIM MADDEN
 RR#, St. Address, Box #: P.O. Box 148
 City, State, ZIP Code: Liberal, Kansas 67905-0148
 Board of Agriculture, Division of Water Resources
 Application Number:

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

N			
W	X	NE	
SW		SE	
S			

4 DEPTH OF COMPLETED WELL: 157 ft. ELEVATION: 150.157
 Depth(s) Groundwater Encountered 1. 150.5 ft. 2. _____ ft. 3. 1 ft.
 WELL'S STATIC WATER LEVEL 151.40 ft. below land surface measured on mo/day/yr 3-1-95
 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 _____ in. to _____ ft., and _____ in. to _____ ft.
 WELL WATER TO BE USED AS:
 1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)
 2 Irrigation 4 Industrial 7 Lawn and garden only 0 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
 Blank casing diameter 4 in. to 127 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
 Casing height above land surface _____ in., weight _____ lbs./ft. Wall thickness or gauge No. _____
 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 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 127 ft. to 157 ft., From _____ ft. to _____ ft.
 GRAVEL PACK INTERVALS: From 125 ft. to 157 ft., From _____ ft. to _____ ft.

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____
 Grout intervals: From 2.25 ft. to 123 ft., From 123 ft. to 125 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? Northwest How many feet? 70

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0'	0.6'	ASPHALT	0'	3'	Concrete
0.6'	13'	SAND, FINE, moderate brown	3'	157'	Grout
13'	18'	CLAY, SAND, FINE, moderate brown			
18'	43'	SAND, FINE, moderate brown			
43'	58'	CLAY, SAND, low plasticity, med. brown			
58'	78'	SAND, FINE, moderate brown			
78'	118'	CLAY, low plasticity, moderate brown			
118'	128'	SAND, FINE to medium, moderate brown			
128'	157'	CLAY, high plasticity, silt, med. brown			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was reconstructed or plugged under my jurisdiction and was completed on (mo/day/year) 2-7-95 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 438 This Water Well Record was completed on (mo/day/yr) 3-9-95 under the business name of KANSAS City Testing by (signature) Bernie Toone

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
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SEC.
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