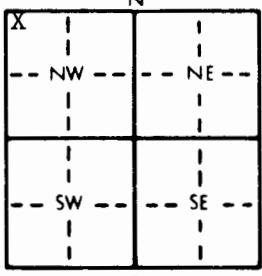


1 LOCATION OF WATER WELL: County: **Seward** Fraction **NW 1/4 NW 1/4 NW 1/4** Section Number **10** Township Number **T 35 S** Range Number **R 34 E W**

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

2 WATER WELL OWNER: **John Grover**
 RR#, St. Address, Box # : **310 Lilac** Board of Agriculture, Division of Water Resources
 City, State, ZIP Code : **Liberal KS 67901** Application Number: **4182**

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

 4 DEPTH OF COMPLETED WELL: **340** ft. ELEVATION: **2913**
 Depth(s) Groundwater Encountered 1. **105** ft. 2. _____ ft. 3. _____ ft.
 WELL'S STATIC WATER LEVEL **105** ft. below land surface measured on mo/day/yr **8-27-96**
 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:
 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 **X**; If yes, mo/day/yr sample was submitted _____
 Water Well Disinfected? Yes **X** 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 Certi loc Threaded _____
 Blank casing diameter _____ in. to _____ ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
 Casing height above land surface _____ in., weight _____ lbs./ft. Wall thickness or gauge No. **SDR26**

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 8 RMP (SR) 11 Other (specify) _____
 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 **183** ft. to **203** ft., From **263** ft. to **303** ft.
 From **313** ft. to **333** ft. From _____ ft. to _____ ft.
 GRAVEL PACK INTERVALS: From **20** ft. to **340** 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 **20** ft., From _____ ft. to _____ 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

Direction from well? **NW** How many feet? **150**

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	16	Topsoil and brown clay	213	229	Sand fine to med and brown clay mix
16	32	Brown clay, cliche and fine sand	229	234	Brown sandy clay
32	42	Fine sand	234	246	Sand fine to medium
42	82	Brown clay and little cliche	246	262	Sand fine to med and little clay
82	98	Cliche and fine sand	262	280	Sand fine and little clay
98	109	Brown clay	280	295	Coarse sand and clay mix tight
109	120	Medium sand	295	328	Limestone and clay mix
120	131	Cliche and medium sand streaks	328	340	Brown sandy clay and little sandstone
131	147	Cliche and brown clay			
147	164	Sand med and some clay			
164	180	Sand med ot coarse, coarse gravel and little clay			
180	196	Cliche, brown clay and 5' med sand			
196	200	Brown sandy clay			
200	213	Sand med and ' clay			

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) **10-10-96** and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **473**. This Water Well Record was completed on (mo/day/yr) **10-10-96** under the business name of **Tyler Water Well Service Inc.** by (signature) *Deirdre Grover*

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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