

**dr1**

**1 LOCATION OF WATER WELL:** County: Stevens Fraction: NE 1/4 NE 1/4 SE 1/4 Section Number: 1 Township Number: T 35 S Range Number: R 35 E

Distance and direction from nearest town or city street address of well if located within city?  
7 W + 1/2 S from Liberal

**2 WATER WELL OWNER:** Darin Gilmore

RR#, St. Address, Box # :  
City, State, ZIP Code : Liberal, KS 67901

Board of Agriculture, Division of Water Resources  
Application Number:

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

N	
—NW—	—NE—
—W—	—E—
—SW—	—SE—
S	

**4 DEPTH OF COMPLETED WELL** 437 ft. **ELEVATION:** \_\_\_\_\_ ft.

Depth(s) Groundwater Encountered 1 \_\_\_\_\_ ft. 2 \_\_\_\_\_ ft. 3 \_\_\_\_\_ ft.

WELL'S STATIC WATER LEVEL 217 ft. below land surface measured on mo/day/yr 9-26-02

Pump test data: Well water was 217 ft. after 1 hours pumping 30 gpm

Est. Yield 100 gpm: Well water was \_\_\_\_\_ ft. after \_\_\_\_\_ hours pumping \_\_\_\_\_ gpm

WELL WATER TO BE USED AS:

<input checked="" type="checkbox"/> Domestic	<input type="checkbox"/> Feedlot	<input type="checkbox"/> Oil field water supply	<input type="checkbox"/> Air conditioning	<input type="checkbox"/> Injection well
<input type="checkbox"/> Irrigation	<input type="checkbox"/> Industrial	<input type="checkbox"/> Domestic (lawn & garden)	<input type="checkbox"/> Dewatering	<input type="checkbox"/> 12 Other (Specify below)

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:**

<input checked="" type="radio"/> Steel	<input type="radio"/> RMP (SR)	<input type="radio"/> Wrought iron	<input type="radio"/> Concrete tile	CASING JOINTS: Glued <u>✓</u> Clamped _____ Welded _____ Threaded _____
<input checked="" type="radio"/> PVC	<input type="radio"/> ABS	<input type="radio"/> Asbestos-Cement	<input type="radio"/> Other (specify below)	

Blank casing diameter 5 in. to 377 ft., Dia \_\_\_\_\_ in. to \_\_\_\_\_ ft., Dia \_\_\_\_\_ in. to \_\_\_\_\_ ft.

Casing height above land surface 18 in., weight \_\_\_\_\_ lbs./ft. Wall thickness or gauge No. 200#

**TYPE OF SCREEN OR PERFORATION MATERIAL:**

<input type="radio"/> Steel	<input type="radio"/> Stainless Steel	<input type="radio"/> Fiberglass	<input checked="" type="radio"/> PVC	<input type="radio"/> Asbestos-Cement
<input type="radio"/> Brass	<input type="radio"/> Galvanized Steel	<input type="radio"/> Concrete tile	<input type="radio"/> RMP (SR)	<input type="radio"/> Other (Specify)
			<input type="radio"/> ABS	<input type="radio"/> 12 None used (open hole)

**SCREEN OR PERFORATION OPENINGS ARE:**

<input type="radio"/> Continuous slot	<input checked="" type="radio"/> Mill slot	<input type="radio"/> Guazed wrapped	<input type="radio"/> Saw cut	<input type="radio"/> 11 None (open hole)
<input type="radio"/> Louvered shutter	<input type="radio"/> Key punched	<input type="radio"/> Wire wrapped	<input type="radio"/> Drilled holes	
		<input type="radio"/> Torch cut	<input type="radio"/> 10 Other (specify)	_____ ft.

**SCREEN-PERFORATED INTERVALS:** From 377 ft. to 437 ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

**GRAVEL PACK INTERVALS:** From 20 ft. to 437 ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

**6 GROUT MATERIAL:** 1 Neat cement 2 Cement grout ☒ Bentonite 4 Other \_\_\_\_\_

Grout Intervals: From 3 ft. to 20 ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

What is the nearest source of possible contamination:

<input type="radio"/> Septic tank	<input type="radio"/> Lateral lines	<input type="radio"/> Pit privy	<input type="radio"/> Livestock pens	<input type="radio"/> 14 Abandoned water well
<input type="radio"/> Sewer lines	<input type="radio"/> Cess pool	<input type="radio"/> Sewage lagoon	<input type="radio"/> Fuel storage	<input checked="" type="radio"/> Oil well/Gas well
<input type="radio"/> Watertight sewer lines	<input type="radio"/> Seepage pit	<input type="radio"/> Feedyard	<input type="radio"/> Fertilizer storage	<input type="radio"/> 16 Other (specify below)
			<input type="radio"/> Insecticide storage	_____

Direction from well? E How many feet? 2000

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	18	sand			
18	35	brown clay			
35	38	sand			
38	108	brown clay			
108	130	sand			
130	150	white clay			
150	190	brown clay			
190	200	white clay			
200	230	sandrock + gravel			
230	243	clay			
243	437	sand + gravel			

**7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:** This water well was ☒ constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) 9-30-02 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's Licence No 101 This Water Well Record was completed on (mo/day/yr) 10-3-02 under the business name of Bartel Well Drilling, Inc. by (signature) Reuben J. Bartel

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, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-5522. Send one to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well.