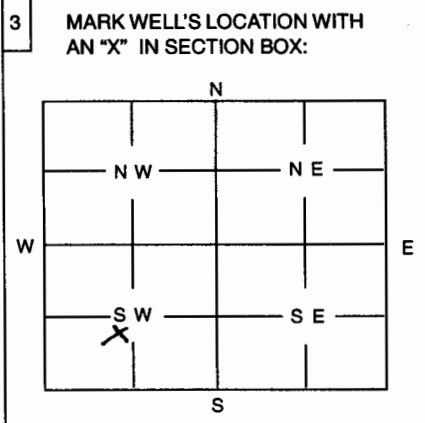


1 LOCATION OF WATER WELL: Fraction dri Section Number Township Number Range Number
 County: Seward NE SW SW NE 22 33 33

Distance and direction from nearest town or city street address of well if located within city?
6 Miles North & 1 Mile East of Liberal

2 WATER WELL OWNER: George Zirkle
 RR #, St. Address, Box #: 834 S Cain Ave.
 City, State, ZIP Code: Liberal, KS 67901
 Board of Agriculture, Division of Water Resources
 Application Number: _____



4 DEPTH OF WELL 225 ft
 WELL'S STATIC WATER LEVEL 220 ft.
 WELL WAS USED AS:
 1 Domestic 5 Public Water Supply 9 Dewatering
 2 Irrigation 6 Oil Field Water Supply 10 Monitoring Well
 3 Feedlot 7 Domestic (Lawn & Garden) 11 Injection Well
 4 Industrial 8 Air Conditioning 12 Other

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 7 Fiberglass 9 Other (Specify below)
 2 PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile

Blank casing diameter 5 in. Was casing pulled? Yes No If yes, how much

Casing height above or below land surface 36 in.

6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other

Grout Plug Intervals: From ft. to ft., From ft. to ft., From to ft.

What is the nearest source of possible contamination:
 1 Septic tank 6 Seepage pit 11 Fuel storage 16 Other (specify below)
 2 Sewer lines 7 Pit privy 12 Fertilizer storage

3 Watertight sewer lines 8 Sewage lagoon 13 Insecticide storage
 4 Lateral lines 9 Feedyard 14 Abandoned water well
 5 Cess Pool 10 Livestock pens 15 Oil well/Gas well

Direction from well? North How many feet? 100

FROM	TO	PLUGGING MATERIALS
225	220	Chlorinated Sand
220	10	Clay/Soil
10	3	Bentonite
3	-	Cut-off Casing & Kach. 11

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 8-6-02 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 5-14-02 under the business name of Southwest Windmill This Water Well Record was completed on (mo/day/year) _____ by (signature) Darrel Enns

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: 785/296-3565. Send one to Water Well Owner and retain one for your records.