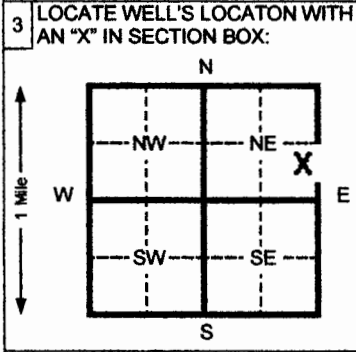


1 LOCATION OF WATER WELL: Fraction **NE 1/4 SE 1/4 NE 1/4** Section Number **32** Township Number **T 34 S** Range Number **R 33 EW**
 County: **Seward**

Distance and direction from nearest town or city street address of well if located within city?
Kansas Avenue and 10th Street, Liberal KS

2 WATER WELL OWNER: **Former Quality Laundry and Cleaners**
 RR#, St. Address, Box #: **907 N Kansas Ave** Board of Agriculture, Division of Water Resources
 City, State, ZIP Code: **Liberal, KS 67901** Application Number:



4 DEPTH OF COMPLETED WELL **220** ft. ELEVATION: _____
 Depth(s) Groundwater Encountered 1 _____ ft. 2 _____ ft. 3 _____ ft.
 WELL'S STATIC WATER LEVEL **163.52** ft. below land surface measured on mo/day/yr
 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 **225** ft. and _____ in. to _____ ft.
 WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well
 1 Domestic 3 Feed lot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)
 2 Irrigation 4 Industrial 7 Lawn and garden (domestic) 10 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: 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued _____ Clamped _____
 1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded _____
 2 PVC 4 ABS 7 Fiberglass Threaded
 Blank casing diameter **4** in. to **170** ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
 Casing height above land surface **0** in., weight **2.071** lbs./ft. Wall thickness or gauge No. **.237**
 TYPE OF SCREEN OR PERFORATION MATERIAL: 7 PVC 10 Asbestos-cement
 1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 11 Other (specify) _____
 2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 12 None used (open hole) _____
 SCREEN OR PERFORATION OPENINGS ARE: 5 Gauzed wrapped 8 Saw cut 11 None (open hole)
 1 Continuous slot 3 Mill slot 6 Wire wrapped 9 Drilled holes
 2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify) _____
 SCREEN-PERFORATED INTERVALS: From **170** ft. to **220** ft. From _____ ft. to _____ ft.
 From _____ ft. to _____ ft. From _____ ft. to _____ ft.
 GRAVEL PACK INTERVALS: From **167** ft. to **220** 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 **164** ft. From **164** ft. to **167** ft. From _____ ft. to _____ ft.
 What is the nearest source of possible contamination: 10 Livestock pens 14 Abandoned water well
 1 Septic tank 4 Lateral lines 7 Pit privy 11 Fuel storage 15 Oil well/ Gas well
 2 Sewer lines 5 Cess pool 8 Sewage lagoon 12 Fertilizer storage 16 Other (specify below) _____
 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 13 Insecticide storage **CONTAMINATED SITE**
 Direction from well? _____ How many feet? _____

FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	2		Surface			Lenses
2	17		clay	106	115	Sandy clay w/clay strks & fine sand
17	28		fine sand			Lenses
28	37		Caliche w/fine sd strks	115	141	Caliche w/clay strks
37	45		Caliche w/clay & sandy clay strk	141	157	Caliche w/clay & sand strks
45	50		Sandy clay w/clay & caliche	157	166	Caliche & clay w/sand strks
50	65		Caliche & clay w/sandy clay strk	166	178	Fine to med sd w/caliche strks & Clay lenses
65	73		Sandy clay w/clay & caliche			Lenses
			Lenses	178	183	Caliche
73	81		sandy clay w/sand & clay lense	183	225	Fine to med sd w/clay & caliche lens
81	90		Clay & caliche w/sandy clay			
			Strks			
90	96		fine sand w/sandy clay			
96	106		Caliche w/clay strks & sand			

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/yr) **9-11-07** and this record is true to the best of my knowledge and belief. Kansas
 Water Well Contractor's License No. **554** This Water Well Record was completed on (mo/day/yr) **9-20-07**
 under the business name of **Woofter Pump & Well Inc.** by (signature) *Jan Woofter*

INSTRUCTIONS: Please fill in blanks and circle the correct answers. Send three copies to Kansas Department of Health and Environment, Bureau of Water, 1000 S W Jackson St., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.

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