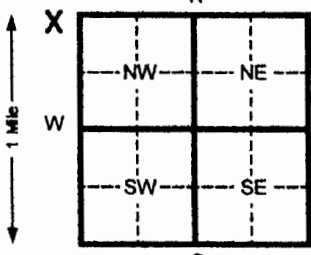


1 LOCATION OF WATER WELL: County: Seward		Fraction SE 1/4 NW 1/4 SW 1/4	Section Number 33	Township Number T 34 S	Range Number R 33 EW
Distance and direction from nearest town or city street address of well if located within city? Graber Service Station					
2 WATER WELL OWNER: Graber Service Station RR#, St. Address, Box # : 601 N. Kansas City, State, ZIP Code : Liberi, KS Board of Agriculture, Division of Water Resources Application Number:					
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: 		4 DEPTH OF COMPLETED WELL 180 ft. ELEVATION: Depth(s) Groundwater Encountered 1 _____ ft. 2 _____ ft. 3 _____ ft. WELL'S STATIC WATER LEVEL _____ 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 180 ft. and _____ in. to _____ ft. WELL WATER TO BE USED AS: 1 Domestic 3 Feed lot 6 Oil field water supply 8 Air conditioning 11 Injection well 2 Irrigation 4 Industrial 7 Lawn and garden (domestic) <input checked="" type="checkbox"/> 10 Monitoring well 12 Other (Specify below) Was a chemical/bacteriological sample submitted to Department? Yes _____ No <input checked="" type="checkbox"/> If yes, mo/day/yr sample was submitted _____ Water Well Disinfected? Yes _____ No <input checked="" type="checkbox"/>			
5 TYPE OF BLANK CASING USED: 1 Steel 3 RMP (SR) 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued _____ Clamped _____ <input checked="" type="checkbox"/> 2 PVC 4 ABS 7 Fiberglass 9 Other (specify below) Welded _____ Threaded <input checked="" type="checkbox"/> Blank casing diameter 4 in. to 150 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: 1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 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 <input checked="" type="checkbox"/> 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 150 ft. to 180 ft. From _____ ft. to _____ ft. GRAVEL PACK INTERVALS: From 145 ft. to 180 ft. From _____ ft. to _____ ft.					
6 GROUT MATERIAL: <input checked="" type="checkbox"/> 1 Neat cement 2 Cement grout <input checked="" type="checkbox"/> 3 Bentonite 4 Other _____ Grout Intervals From 0 ft. to 143 ft. From 143 ft. to 145 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) Contaminated site Direction from well? _____ How many feet? _____					
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) <u>constructed</u> , (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/yr) 7-31-07 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) 08-24-07 under the business name of Woofter Pump & Well Inc. by (signature) <i>[Signature]</i> 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. <i>[Signature]</i>					

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