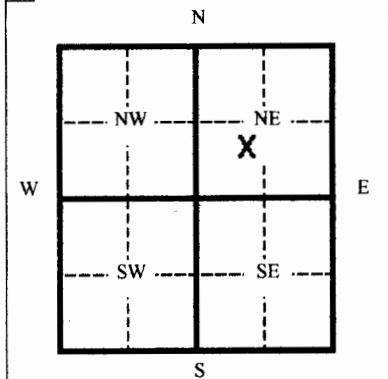


1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: <b>Seward</b>	<b>NE ¼ SE ¼ NE ¼</b>	<b>33</b>	<b>34</b>	<b>33</b>

Distance and direction from nearest town or city street address of well if located within city?  
**1030 N Kansas, Liberal, Ks 67901**

2 WATER WELL OWNER: <b>Mr. Jim Madden Former Ray's Serco</b>	Board of Agriculture, Division of Water Resources Application Number:
RR#, St. Address, Box # <b>32684 Upper Brear Creek Rd.</b>	
City, State, ZIP Code : <b>Evergreen, Co 80439</b>	

3 MARK WELL'S LOCATON WITH AN "X" IN SECTION BOX:



4 DEPTH OF WELL <b>150</b> ft.												
WELL'S STATIC WATER LEVEL <b>NA</b> ft.												
WELL WAS USED AS:												
<table border="0"> <tr> <td>1 Domestic</td> <td>5 Public Water Supply</td> <td>9 Dewatering</td> </tr> <tr> <td>2 Irrigation</td> <td>6 Oil Field Water Supply</td> <td><input checked="" type="checkbox"/> 10 Monitoring Well</td> </tr> <tr> <td>3 Feedlot</td> <td>7 Lawn and Garden (domestic)</td> <td>11 Injection Well</td> </tr> <tr> <td>4 Industrial</td> <td>8 Air Conditioning</td> <td>12 Other _____</td> </tr> </table>	1 Domestic	5 Public Water Supply	9 Dewatering	2 Irrigation	6 Oil Field Water Supply	<input checked="" type="checkbox"/> 10 Monitoring Well	3 Feedlot	7 Lawn and Garden (domestic)	11 Injection Well	4 Industrial	8 Air Conditioning	12 Other _____
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3 Feedlot	7 Lawn and Garden (domestic)	11 Injection Well										
4 Industrial	8 Air Conditioning	12 Other _____										
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:										
<table border="0"> <tr> <td>1 Steel</td> <td>3 RMP (SR)</td> <td>5 Wrought</td> <td>7 Fiberglass</td> <td>9 Other (specify below)</td> </tr> <tr> <td><input checked="" type="checkbox"/> 2 PVC</td> <td>4 ABC</td> <td>6 Asbestos-Cement</td> <td>8 Concrete Tile</td> <td></td> </tr> </table>	1 Steel	3 RMP (SR)	5 Wrought	7 Fiberglass	9 Other (specify below)	<input checked="" type="checkbox"/> 2 PVC	4 ABC	6 Asbestos-Cement	8 Concrete Tile	
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Blank casing diameter <b>4</b> in. Was casing pulled? Yes _____ No <input checked="" type="checkbox"/> If yes, how much _____										
Casing height above or below land surface <b>-36</b> in.										

6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout <input checked="" type="checkbox"/> 3 Bentonite 4 Other _____																				
Grout Plug Intervals From <b>3</b> ft. to <b>150</b> ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.																				
What is the nearest source of possible contamination:																				
<table border="0"> <tr> <td>1 Septic tank</td> <td>6 Seepage pit</td> <td>11 Fuel storage</td> <td>16 Other (specify below)</td> </tr> <tr> <td>2 Sewer lines</td> <td>7 Pit privy</td> <td>12 Fertilizer storage</td> <td><b>None</b></td> </tr> <tr> <td>3 Watertight sewer lines</td> <td>8 Sewage lagoon</td> <td>13 Insecticide storage</td> <td></td> </tr> <tr> <td>4 Lateral lines</td> <td>9 Feedyard</td> <td>14 Abandoned water well</td> <td></td> </tr> <tr> <td>5 Cess Pool</td> <td>10 Livestock pens</td> <td>15 Oil well/ Gas well</td> <td></td> </tr> </table>	1 Septic tank	6 Seepage pit	11 Fuel storage	16 Other (specify below)	2 Sewer lines	7 Pit privy	12 Fertilizer storage	<b>None</b>	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	
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Direction from well? _____ How many feet? _____																				

FROM	TO	CODE	PLUGGING MATERIALS
<b>150</b>	<b>3</b>		<b>Bentonite</b>
<b>3</b>	<b>1</b>		<b>Native Material</b>
<b>1</b>	<b>0</b>		<b>Cement</b>

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/yr) <b>5/19/08</b> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <b>783</b> This Water Well Record was completed on (mo/day/yr) <b>6/09/08</b> under the business name of <b>Woofter Pump &amp; Well Inc.</b> by (signature) <i>[Signature]</i>
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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 66620-0001. Telephone: 785-296-3565. Send one to Water Well Owner and retain one for your records.