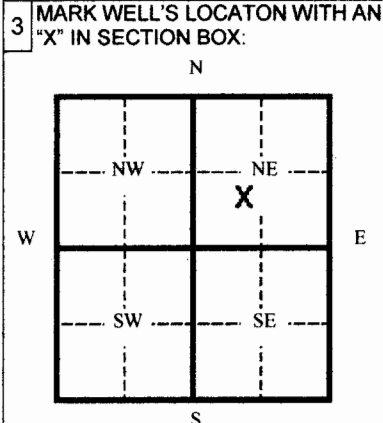


1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: Seward	NE 1/4 SE 1/4 NE 1/4	33	34	33

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: **Mr. Jim Madden Former Ray's Serco**
 RR#, St. Address, Box # **32684 Upper Brear Creek Rd.**
 City, State, ZIP Code : **Evergreen, Co 80439**

Board of Agriculture, Division of Water Resources
 Application Number:



4 DEPTH OF WELL **130** ft.

WELL'S STATIC WATER LEVEL **NA** 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 Lawn and Garden (domestic)	11 Injection Well
4 Industrial	8 Air Conditioning	<input checked="" type="checkbox"/> 12 Other Vapor Extract

Was a chemical/bacteriological sample submitted to Department? Yes ___ No X

If yes, mo/day/yr sample was submitted _____

Water Well Disinfected: Yes ___ No X

5 TYPE OF BLANK CASING USED:

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	

Blank casing diameter **4** in. Was casing pulled? Yes ___ No X 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 **3** ft. to **130** ft. From _____ ft. to _____ ft. From _____ ft. 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	None
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? _____ How many feet? _____

FROM	TO	CODE	PLUGGING MATERIALS
130	3		Bentonite
3	1		Native Material
1	0		Cement

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/yr) **5/19/08** and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **783** This Water Well Record was completed on (mo/day/yr) **6/09/08** under the business name of **Woofler Pump & Well Inc.**

by (signature) *[Signature]*

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.