

|   |                |                 |              |
|---|----------------|-----------------|--------------|
| 1 LOCATION OF WATER WELL: Fraction                | Section Number | Township Number | Range Number |
| County: <b>Seward</b> <b>SW 1/4 SW 1/4 SW 1/4</b> | <b>6</b>       | <b>34</b>       | <b>33 W</b>  |

Distance and direction from nearest town or city street address of well if located within city?

2 WATER WELL OWNER: **City of Liberal Public Water Dept**  
 RR#, St. Address, Box # **PO Box 2199**      Board of Agriculture, Division of Water Resources  
 City, State, ZIP Code : **Liberal, Ks 67901**      Application Number:

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

|   |          |    |   |
|---|----------|----|---|
| N |          |    | E |
| W | NW       | NE | E |
|   | SW       | SE |   |
|   | <b>X</b> |    | S |

4 DEPTH OF WELL **160** 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      12 Other \_\_\_\_\_

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)  
**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 **160** 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     |
|------------|----------|------|------------------------|
| <b>160</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) **5/20/08** 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 **Woofter 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.