

1	LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County:	Seward	NE ¼ SE ¼ SW ¼	14	34S	33W

Distance and direction from nearest town or city street address of well if located within city?
 Liberal: 83/54 Jct. 3.5N on 83 to Rd. 7, 2.4 E to Heather Ridge Ave.--2.5 N to trees--

2	WATER WELL OWNER: Brad Evans	RR #, St. Address, Box #: 909 W 7th	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:	4	DEPTH OF WELL200..... ft.
		WELL'S STATIC WATER LEVEL190..... ft. WELL WAS USED AS: <input checked="" type="checkbox"/> 1 Domestic 5 Public Water Supply 9 Dewatering <input type="checkbox"/> 2 Irrigation 6 Oil Field Water Supply 10 Monitoring Well <input type="checkbox"/> 3 Feedlot 7 Domestic (Lawn & Garden) 11 Injection Well <input type="checkbox"/> 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 <input checked="" type="checkbox"/> No			

5	TYPE OF BLANK CASING USED:
<input checked="" type="checkbox"/> 1 Steel <input type="checkbox"/> 3 RMP (SR) <input type="checkbox"/> 5 Wrought <input type="checkbox"/> 7 Fiberglass <input type="checkbox"/> 9 Other (Specify below) <input checked="" type="checkbox"/> 2 PVC <input type="checkbox"/> 4 ABS <input type="checkbox"/> 6 Asbestos-Cement <input type="checkbox"/> 8 Concrete Tile	
Blank casing diameter5..... in. Was casing pulled? Yes No If yes, how much Casing height above or below land surface36..... in.	

6	GROUT PLUG MATERIAL: <input checked="" type="checkbox"/> 1 Neat cement <input type="checkbox"/> 2 Cement grout <input type="checkbox"/> 3 Bentonite <input type="checkbox"/> 4 Other
Grout Plug Intervals: From <u>40</u> ft. to <u>3</u> ft., Fromft. toft., From to ft.	
What is the nearest source of possible contamination: <input type="checkbox"/> 1 Septic tank <input type="checkbox"/> 6 Seepage pit <input type="checkbox"/> 11 Fuel storage <input type="checkbox"/> 16 Other (specify below) <input type="checkbox"/> 2 Sewer lines <input type="checkbox"/> 7 Pit privy <input type="checkbox"/> 12 Fertilizer storage <input type="checkbox"/> 3 Watertight sewer lines <input type="checkbox"/> 8 Sewage lagoon <input type="checkbox"/> 13 Insecticide storage <input type="checkbox"/> 4 Lateral lines <input type="checkbox"/> 9 Feedyard <input type="checkbox"/> 14 Abandoned water well <input type="checkbox"/> 5 Cess pool <input type="checkbox"/> 10 Livestock pens <input type="checkbox"/> 15 Oil well/Gas well	
Direction from well? How many feet?	

FROM	TO	PLUGGING MATERIALS
200	190	Chlorinated Gravel
190	175	Bentonite
175	40	Chlorinated Gravel
40	3	Cement Grout
3	Surface	Topsoil-Backfill

7	CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) <u>04-29-11</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>430</u> This Water Well Record was completed on (mo/day/year) <u>04-29-11</u> under the business name of <u>Howard Drilling Co. Box 806 Beaver, OK 73932</u> by (signature) <i>Phillip Howard</i>
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INSTRUCTIONS: Use typewriter or ball point pen. Please press firmly and print clearly. Please fill in blanks, underline or circle the correct answers. Send top three copies to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 785/296-5522. Send one to Water Well Owner and retain one for your records.