Distance and direction from nearest town or city street address of well if located within city?  From Liberal, Miles West, Yamile South  2 WATER WELL OWNER: Charlotte Hatcher  RR #, St. Address, Box #: / 2 2 4	WATER WELL BLUCCING RECORD. Farm MANO ED. MOA 900 4040. ID NO
County: SEWARD  Distance and direction from nearest town or city street address of well if located within city?  From Libera	WATER WELL PLOGGING RECORD FORTH WWC-SP KSA 828-1212 ID NO.
Distance and direction from nearest town or city street address of well if located within city?  From Liberal, Thiles West Danie South  2 WATER WELL OWNER: Charlette Hatcher  RR #, St. Address, Box #, 123, 4 M. Grant Ave Board of Agriculture, Division of Water Resources Only, State, 2IP Code   Liberal, KS 1979   Application Number:  3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:  W W	1 LOCATION OF WATER WELL: Fraction Section Number Township Number Range Number
2 WATER WELL OWNER: Charlotte Hatcher RR #, SL Address, Box #: /2 34 / N Grant RV E Board of Agriculture, Division of Water Resources City, State, ZIP Code : Liberal, KS / 790   Application Number:  3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: WELL WAS USED AS: WELL WAS GROUP FOR THE WAS USED: WELL WAS USED AS:	County: SEWARD WALL 26 34 54
2 WATER WELL OWNER:  RR #, St. Address, Box #: / 3 2 4 N Grant AV E Board of Agriculture, Division of Water Resources City, State, 2P Code : / 3 2 4 N Grant AV E Board of Agriculture, Division of Water Resources City, State, 2P Code : / 3 2 4 N Grant AV E Board of Agriculture, Division of Water Resources City, State, 2P Code : / 3 2 4 N Grant AV E Board of Agriculture, Division of Water Resources City, State, 2P Code : / 3 2 4 N Grant AV E Board of Agriculture, Division of Water Resources City, State, 2P Code : / 4 AB S	Distance and direction from nearest town or city street address of well if located within city?
RR #, St. Address, Box #:  City, State, ZiP Code :	2 WATER WELLOWNER: Charlatte Hatcher
MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:  WELL'S STATIC WATER LEVEL	RR #, St. Address, Box #: 1224 N Grant Ave Board of Agriculture, Division of Water Resources
AN *X* IN SECTION BOX:  WELL'S STATIC WATER LEVEL	Silly Sills Francisco Fran
WELL WAS USED AS:    N W	L AN "X" IN SECTION BOX: L L
NW NE Domestic 5 Public Water Supply 9 Dewatering 2 Irrigation 6 Oil Field Water Supply 10 Monitoring Well 3 Feeclot 7 Domestic (Lawn & Garden) 11 Injection Well 12 Other Water Well Disinfected: Yes No	WELL'S STATIC WATER LEVEL
Was a chemical / bacteriological sample submitted to Department? Yes	
W S W S E	Domestic 5 Public Water Supply 9 Dewatering
Was a chemical / bacteriological sample submitted to Department?Yes	3 Feedlot 7 Domestic (Lawn & Garden) 11 Injection Well
If yes, mo/day/yr sample was submitted	Was a shaminal / hastarialagical sample submitted to Department@Ves Ne
TYPE OF BLANK CASING USED:  Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (Specify below) 2 PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile  Blank casing diameter in. Was casing pulled? Yes No If yes, how much in.  6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout Grout Plug Intervals: From ft. to ft., From ft. to 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 2 Sewer lines 7 Pit privy 12 Fertilizer storage 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 PLUGGING MATERIALS  JOD & Sub Soil  Sub Soil	
TYPE OF BLANK CASING USED:    Sign   3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (Specify below) 2 PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile	Water Well Disinfected: Yes No
Signal 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (Specify below) 2 PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile  Blank casing diameter in. Was casing pulled? Yes No. If yes, how much casing height above or below land surface in.  6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout Bentonite 4 Other from to. It. From to. It. From to. It. 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 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 PLUGGING MATERIALS    OO 6 Sub Soil	5 TYPE OF BLANK CASING USED:
Blank casing diameter	$\vdash$
Casing height above or below land surface	4/1
Grout Plug Intervals: From	
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 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 PLUGGING MATERIALS  100 6 Sub 80i  Bentony te	6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout Bentonite 4 Other
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5 Cess Pool 10 Livestock pens 15 Oil well/Gas well  Direction from well? How many feet?  FROM TO PLUGGING MATERIALS  100 6 Sub soil  b 3 Bentonite	
FROM TO PLUGGING MATERIALS  100 6 Sub soil  6 3 Bentonite	
100 6 Subsoil b 3 Bentonite	Direction from well? How many feet?
b 3 Bentonite	FROM TO PLUGGING MATERIALS
The state of the s	
and back Fill	b 3 Bentonite
and back Fill	5 - Cutoff casing
	and back Fill

CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No.

This Water Well Record was completed on (mo/day/year) by (signature) under the business name of the contractor's License No.

This Water Well Record was completed on (mo/day/year) this water well was plugged under my jurisdiction and was completed on (mo/day/year) and this record is true to the best of my knowledge and belief. Kansas Water Well Record was completed on (mo/day/year) this water well was plugged under my jurisdiction and was completed on (mo/day/year) and this record is true to the best of my knowledge and belief. Kansas Water Well Record was completed on (mo/day/year) this water well was plugged under my jurisdiction and was completed on (mo/day/year) and this record is true to the best of my knowledge and belief. Kansas Water Well Record was completed on (mo/day/year) this water well was plugged under my jurisdiction and was completed on (mo/day/year) this water well was plugged under my jurisdiction and was completed on (mo/day/year) this water well was plugged under my jurisdiction and was completed on (mo/day/year) this water well was plugged under my jurisdiction and was completed on (mo/day/year) this water well was plugged under my jurisdiction and was completed on (mo/day/year) this water well was plugged under my jurisdiction and was completed on (mo/day/year) this water well was plugged under my jurisdiction and was completed on (mo/day/year) this water well was plugged under my jurisdiction and was completed on (mo/day/year) this water well was plugged under my jurisdiction and was completed on (mo/day/year) this water well was plugged under my jurisdiction and was completed on (mo/day/year) this water well was plugged under my jurisdiction and was completed on (mo/day/year) this water well was plugged under my jurisdiction and was plugged under my juris

INSTRUCTIONS: Use typewriter or ball point pen. <u>Please press firmly</u> and <u>print</u> 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, Topeka, Kansas 66620-0001. Telephone: 785/296-3565. Send one to Water Well Owner and retain one for your records.