

1	LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
	County: <u>Seward</u>	<u>NE 1/4 NE 1/4 NW 1/4</u>	<u>6</u>	<u>35</u>	<u>33</u> EW

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

S21 Airport

2	WATER WELL OWNER: <u>City of Liberal</u>	Board of Agriculture, Division of Water Resources
	RR #, St. Address, Box #: <u>PO Box 2199</u>	Application Number:
	City, State, ZIP Code: <u>Liberal, KS 67901</u>	

3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4	DEPTH OF WELL <u>155</u> ft.
		WELL'S STATIC WATER LEVEL <u>Dry</u> ft.	
		WELL WAS USED AS:	
		1 Domestic	5 Public Water Supply
		2 Irrigation	6 Oil Field Water Supply
		3 Feedlot	7 Domestic (Lawn & Garden)
		4 Industrial	8 Air Conditioning
			9 Dewatering
			10 Monitoring Well
			11 Injection Well
			12 Other

Was a chemical / bacteriological sample submitted to Department? Yes No
 If yes, mo/day/yr sample was submitted

Water Well Disinfected: Yes No

5	TYPE OF BLANK CASING USED:
	1 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 <u>2</u> in. Was casing pulled? Yes No <input checked="" type="checkbox"/> If yes, how much
	Casing height above or below <u>6</u> and surface in.

6	GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other
	Grout Plug Intervals: From <u>0.5</u> ft. to <u>155</u> ft., From ft. to ft., From 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 <u>U.S.T.</u> 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? <u>E</u> How many feet? <u>5</u>

FROM	TO	PLUGGING MATERIALS
<u>0</u>	<u>155</u>	<u>20-30% solid bentonite slurry grout, casing cut off</u>
		<u>3 ft below grade</u>

7	CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) <u>8/2/05</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>594</u> This Water Well Record was completed on (mo/day/year) <u>9/14/05</u> under the business name of <u>Caranco Great Plains</u> by (signature) <u>[Signature]</u>
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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.