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|---------------------------|-----------------------------|----------------|-----------------|--------------|
| 1 LOCATION OF WATER WELL: | Fraction | Section Number | Township Number | Range Number |
| County: Seward | <i>SW 1/4 NW 1/4 NW 1/4</i> | <i>4</i> | <i>35</i> | <i>33</i> |

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

2 WATER WELL OWNER: **Collingwood Grain**
 RR#, St. Address, Box # **122 S. Kansas**
 City, State, ZIP Code : **Liberal, Ks 67901**

Board of Agriculture, Division of Water Resources
 Application Number:

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

4 DEPTH OF WELL **161.5** ft.
 WELL'S STATIC WATER LEVEL **DRY** ft.
 WELL WAS USED AS:

| | | |
|--------------|------------------------------|--|
| 1 Domestic | 5 Public Water Supply | 9 Dewatering |
| 2 Irrigation | 6 Oil Field Water Supply | <input checked="" type="checkbox"/> 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
 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) |
| <input checked="" type="checkbox"/> 2 PVC | 4 ABC | 6 Asbestos-Cement | 8 Concrete Tile | OVERDRILLED 3 FT |

Blank casing diameter **4** 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 3 Bentonite 4 Other _____
 Grout Plug Intervals 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 | 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 | CODE | PLUGGING MATERIALS |
|-------|----|------|-----------------------------|
| 161.5 | 3 | | BENTONITE - pUMPABLE |
| 3 | 0 | | CEMENT |
| | | | |
| | | | |
| | | | |
| | | | |

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/yr) **6-12-07** and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **554** This Water Well Record was completed on (mo/day/yr) **6-29-07** under the business name of **Woofter Pump & Well Inc.** by (signature) *Jay L. Woofter by Susan A. Woofter POA*

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.