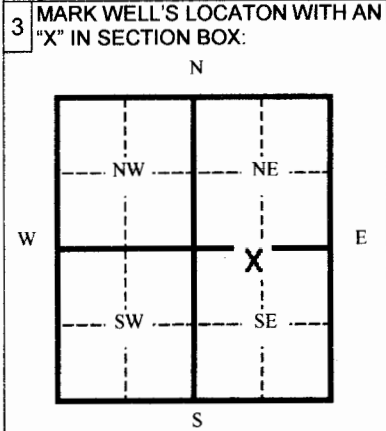


1 LOCATION OF WATER WELL: Fraction	Section Number	Township Number	Range Number
County: <b>Seward</b> NE 1/4 NE 1/4 SE 1/4	<b>5</b>	<b>35</b>	<b>33W</b>

Distance and direction from nearest town or city street address of well if located within city?  
**101 N Kansas, Liberal, Ks 67901**

2 WATER WELL OWNER: **Mr Jerry Gates U-Pump-It**  
 RR#, St. Address, Box # **PO Box 2427**  
 City, State, ZIP Code : **Garden City, Ks 67846**  
 Board of Agriculture, Division of Water Resources  
 Application Number:



4 DEPTH OF WELL **81** 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 **Vapor Extraction**

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 **81** 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>81</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) **5/18/08** and this record is true to the best of my knowledge and belief. Kansas  
 This Water Well Record was completed on (mo/day/yr) **6/09/08**  
 under the business name of **783 Woofter Pump & Well Inc.**  
 by (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.