

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

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	Board of Agriculture, Division of Water Resources
	RR#, St. Address, Box # PO Box 2427	Application Number:
	City, State, ZIP Code : Garden City, Ks 67846	

3	MARK WELL'S LOCATON WITH AN "X" IN SECTION BOX:	4	DEPTH OF WELL 150 ft.												
		WELL'S STATIC WATER LEVEL NA ft.													
WELL WAS USED AS:															
<table border="0"> <tr> <td>1 Domestic</td> <td>5 Public Water Supply</td> <td>9 Dewatering</td> </tr> <tr> <td>2 Irrigation</td> <td>6 Oil Field Water Supply</td> <td><input checked="" type="checkbox"/> 10 Monitoring Well</td> </tr> <tr> <td>3 Feedlot</td> <td>7 Lawn and Garden (domestic)</td> <td>11 Injection Well</td> </tr> <tr> <td>4 Industrial</td> <td>8 Air Conditioning</td> <td>12 Other _____</td> </tr> </table>				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 _____
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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:												
<table border="0"> <tr> <td>1 Steel</td> <td>3 RMP (SR)</td> <td>5 Wrought</td> <td>7 Fiberglass</td> <td>9 Other (specify below)</td> </tr> <tr> <td><input checked="" type="checkbox"/> 2 PVC</td> <td>4 ABC</td> <td>6 Asbestos-Cement</td> <td>8 Concrete Tile</td> <td></td> </tr> </table>				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	
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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 <input checked="" type="checkbox"/> 3 Bentonite 4 Other _____																						
Grout Plug Intervals From 3 ft 150 ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.																							
What is the nearest source of possible contamination:																							
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Direction from well? _____		How many feet? _____																					

FROM	TO	CODE	PLUGGING MATERIALS
150	3		Bentonite
3	1		Native Material
1	0		Cement

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	
	6/09/08	This Water Well Record was completed on (mo/day/yr) 783
	under the business name of Woofter Pump & Well Inc.	
	by (signature) <i>[Signature]</i>	

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.