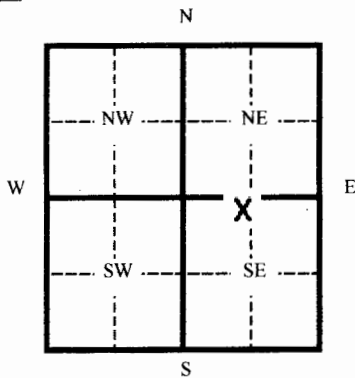


1 LOCATION OF WATER WELL: Fraction	Section Number	Township Number	Range Number
County: <b>Seward</b> <b>NE 1/4 NE 1/4 SE 1/4</b>	<b>5</b>	<b>35</b>	<b>33W</b>

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:

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



4 DEPTH OF WELL **187** 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 **Air Sparge**

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 **2** 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. **187** 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	<b>None</b>
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>187</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 **Woofter Pump & Well Inc.**  
 by (signature) *[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.