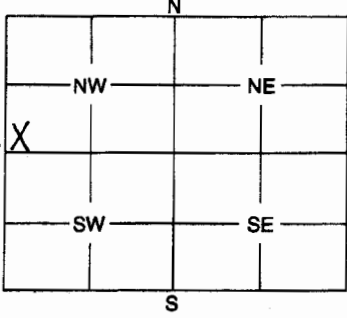


1	LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County:	Seward	SW $\frac{1}{4}$ SW $\frac{1}{4}$ NW $\frac{1}{4}$	4	35 S	33 EW

Distance and direction from nearest town or city street address of well if located within city?
 -30'E & 80'N of NE corner of E. Pancake & Washington, Liberal

2 WATER WELL OWNER: Larry Weaver
 RR #, St. Address, Box #: 420 S. Washington
 City, State, ZIP Code : Liberal, KS 67901
 Board of Agriculture, Division of Water Resources
 Application Number:

3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4	DEPTH OF WELL158..... ft. WELL'S STATIC WATER LEVELDry..... ft. WELL WAS USED AS: 1 Domestic 2 Irrigation 3 Feedlot 4 Industrial 5 Public Water Supply 6 Oil Field Water Supply 7 Domestic (Lawn & Garden) 8 Air Conditioning 9 Dewatering <input checked="" type="checkbox"/> 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)
 PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile

Blank casing diameter4..... in. Was casing pulled? Yes No If yes, how much3'.....
 Casing height above or below land surfacen/a..... in.

6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout Bentonite Other ..Native soil.....
 Grout Plug Intervals: From0..... ft. to3..... ft., From3..... ft. to158..... ft., From to ft.

What is the nearest source of possible contamination:
 1 Septic tank 6 Seepage pit 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?NW..... How many feet?125.....

FROM	TO	PLUGGING MATERIALS
0	3	Native soil
3	158	Bentonite (4")

WMW-4

7 CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year)2/13/2009..... and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No.527..... This Water Well Record was completed on (mo/day/year)2/17/2009..... under the business name of Geocore, Inc.
 by (signature)*[Signature]*.....

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.