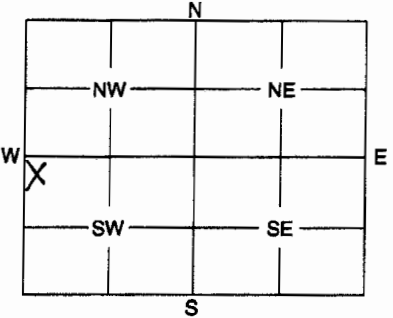


1	LOCATION OF WATER WELL:	Fraction	Section	Number	Township	Number	Range	Number
	County: Seward	NW $\frac{1}{4}$ NW $\frac{1}{4}$ SW $\frac{1}{4}$	4		35 S		33	EW

Distance and direction from nearest town or city street address of well if located within city?
 ~40'E & 70'S of SE corner of E. Pancake & Washington, Liberal

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

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 5 Public Water Supply 9 Dewatering 2 Irrigation 6 Oil Field Water Supply ● Monitoring Well 3 Feedlot 7 Domestic (Lawn & Garden) 11 Injection Well 4 Industrial 8 Air Conditioning 12 Other
			Was a chemical / bacteriological sample submitted to Department? Yes No <input checked="" type="checkbox"/>
			If yes, mo/day/yr sample was submitted
			Water Well Disinfected: Yes No <input checked="" type="checkbox"/>

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 <input checked="" type="checkbox"/> 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
	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?200.....

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

WMW-6

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 GEORGE INC. by (signature) <i>George Inc.</i>
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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.