1 LOCATION OF WATER WELL:				Fraction	Section Number		Township Number		Range Number	
County: Seward N			NW14 NW14 SW14		4 35 S			33	E/W)	
Distance and direction from nearest town or city street address of well if located within city?										
~40'W & 4	10'S of SW co	orner of E. Par	ıcak	e & Pennsylvania, Liberal				*******		
2 WATE	R WELL OW	NER: Larry W	221/	er.						
RR #, St. Address, Box #: 420 S. Washington  Board of Agriculture, Division of Water Resources										
City, St	ate, ZIP Code	: Liberal,	KS			Application Numbe	r:			
MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:				4 DEPTH OF WELL						
		T		WELL WAS USED AS:						
N	w——	NE		1 Domestic	5	Public Water Supply	,	9 Dewateri	ng	
				2 Irrigation 3 Feedlot		Oil Field Water Supp Domestic (Lawn & G		Monitorin		
WX			Ε	4 Industrial		Air Conditioning	aarderi)	12 Other		
				Was a chemical / bacteriolo	gical sa	mole submitted to De	epartment? Yes	s	io	
SW SE If yes, mo/day/yr sample was submitted										
Water Well Disinfected: Yes No										
TVDE OF BLANK OAGNO HOED.										
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										
6 GROU	IT PLUG MAT	ERIAL: 1	Ne	at cement 2 Cement gro	ut (	Bentonite   6	OtherNative.	soil	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
1	Plug Intervals	: From		.0 ft. to3 ft.	, Fro	m3ft. to	o158 ft.,	From	to	ft.
What i	s the nearest	source of poss	ble	contamination:						
1 Septic tank 2 Sewer lines				6 Seepage pit 7 Pit privy		Fuel storage 12 Fertilizer storage	10	16 Other (specify below)		
3 Watertight sewer lines				8 Sewage lagoon	13	13 Insecticide storage 14 Abandoned water well				
4 Lateral lines 5 Cess pool				9 Feedyard 10 Livestock pens		6 Oil well/Gas well	Well			
Direct	tion from well?	NW.		How many	feet?	390				
				GGING MATERIALS		\A/A () A /				
0 3 Native soil						WMW-7				
3 158 Bentonite (4")			")							
	****									
(mo/da Water \	ıy/year) Veli Contracto	r's License No.		R'S CERTIFICATION: This 2/13/2009 527	aı	nd this record is true	e to the best of ter Well Reco	of my knowled and was compl	ige and belie leted on (mo	ef. Kansas /day/year)
	4(.1.(/,&\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\			business name of Geocore						
INSTRUCTI	ONS: Use to	pewriter or b	all r	point pen. Please press firm	nly and	print clearly. Plea	se fill in blanl	ks, underline	or circle the	e correct
INSTRUCTIONS: Use typewriter or ball point pen. <u>Please press firmly</u> and <u>print</u> 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.										