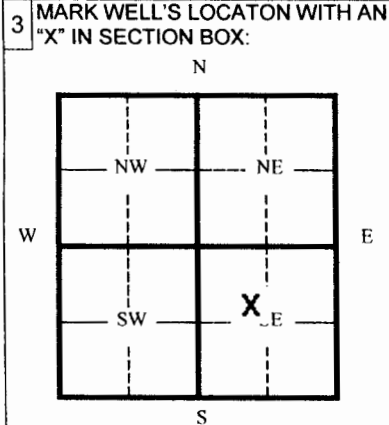


| | | | | |
|---|--|----------------|-----------------|--------------|
| 1 | LOCATION OF WATER WELL: Fraction | Section Number | Township Number | Range Number |
| | County: Geary SE 1/4 NW 1/4 SE 1/4 | 35 | 11 | 5E |

Distance and direction from nearest town or city street address of well if located within city?
North Side of East Hwy 57/ North of City Water Plant

| | | |
|---|--|---|
| 2 | WATER WELL OWNER: Republican River Independent Park | Board of Agriculture, Division of Water Resources |
| | RR#, St. Address, Box # PO Box 1876 | Application Number: |
| | City, State, ZIP Code : Junction City, KS 66441 | |



| | | | |
|---|--|------------------------------|--|
| 4 | DEPTH OF WELL | 24.4 | ft. |
| | WELL'S STATIC WATER LEVEL | 23.5 | 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) | <input checked="" type="radio"/> 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 |
| | <input checked="" type="radio"/> 2 PVC | 4 ABC | 6 Asbestos-Cement | 8 Concrete Tile |
| | Blank casing diameter | 2 in. | Was casing pulled? Yes <input checked="" type="checkbox"/> No _____ | If yes, how much 4 feet Overdrilled to 20 feet |
| | Casing height above or below land surface 0 in. | | | |

| | | | | | |
|---|----------------------|--------------------------------------|-----------------------------|--|---------------|
| 6 | GROUT PLUG MATERIAL: | 1 Neat cement | 2 Cement grout | <input checked="" type="radio"/> 3 Bentonite | 4 Other _____ |
| | Grout Plug Intervals | From 3 ft. to 24.4 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 | Contaminated Site |
| 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 |
|----------|-------------|------|-------------------------------------|
| 0 | 3 | | Previously Existing Material |
| 3 | 24.4 | | Bentonite |
| | | | |
| | | | |
| | | | |
| | | | |

| | | |
|---|--|-----------------------|
| 7 | CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/yr) 3-8-06 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 554 This Water Well Record was completed on (mo/day/yr) 3-20-06 under the business name of Woofter Pump & Well, Inc. | |
| | by (signature) | <i>Jay C. Woofter</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.