

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

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: <b>Republican River Independent Park</b> | Board of Agriculture, Division of Water Resources<br>Application Number: |
| RR#, St. Address, Box # <b>PO Box 1876</b>                   |  |
| City, State, ZIP Code : <b>Junction City, KS 66441</b>       |  |

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

N

|   |          |    |   |
|---|----------|----|---|
|   | NW       | NE |   |
| W |          |    | E |
|   | SW       | SE |   |
| S | <b>X</b> |    |   |

4 DEPTH OF WELL ..... **34** 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) | <input checked="" type="radio"/> 11 Injection Well |
| 4 Industrial | 8 Air Conditioning           | 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) |
| <input checked="" type="radio"/> 2 PVC | 4 ABC      | 6 Asbestos-Cement | 8 Concrete Tile |                         |

Blank casing diameter **2** in. Was casing pulled? Yes  No \_\_\_ If yes, how much **3 feet Overdrilled to 20 feet**

Casing height above or below land surface **0** in.

6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout  3 Bentonite 4 Other

Grout Plug Intervals From **3** ft. to **34** 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>Contaminated Site</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>0</b> | <b>3</b>  |      | <b>Previously Existing Material</b> |
| <b>3</b> | <b>34</b> |      | <b>Bentonite</b>                    |
|          |           |      |                                     |
|          |           |      |                                     |
|          |           |      |                                     |
|          |           |      |                                     |
|          |           |      |                                     |

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/yr) **3-6-06** 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) \_\_\_\_\_ *Wayne L. Woofter*

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.