

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 Application Number:
RR#, St. Address, Box # PO Box 1876	
City, State, ZIP Code : Junction City, KS 66441	

3 MARK WELL'S LOCATON WITH AN "X" IN SECTION BOX:	4 DEPTH OF WELL 29 ft.		
	WELL'S STATIC WATER LEVEL 23.7 ft.		
	WELL WAS USED AS:		
	1 Domestic 2 Irrigation 3 Feedlot 4 Industrial	5 Public Water Supply 6 Oil Field Water Supply 7 Lawn and Garden (domestic) 8 Air Conditioning	9 Dewatering 10 <input checked="" type="radio"/> Monitoring Well 11 Injection Well 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
<input checked="" type="radio"/> 2 PVC	4 ABC	6 Asbestos-Cement
Blank casing diameter 2 in.	Was casing pulled? Yes <input checked="" type="checkbox"/> No ___	7 Fiberglass
Casing height above or below land surface 0 in.	If yes, how much 7 feet Overdrilled to 4 feet	8 Concrete Tile
		9 Other (specify below)

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 29 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
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
		16 Other (specify below) Contaminated Site
Direction from well? _____		How many feet? _____

FROM	TO	CODE	PLUGGING MATERIALS
0	3		Previously Existing Material
3	29		Bentonite

7	CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/yr) 3-7-06 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) _____
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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.