

1 LOCATION OF WATER WELL: Fraction	Section Number	Township Number	Range Number
County: <b>Geary</b> SE 1/4 NW 1/4 SE 1/4	<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: **Republican River Independent Park**  
 RR#, St. Address, Box # **PO Box 1876** Board of Agriculture, Division of Water Resources  
 City, State, ZIP Code : **Junction City, KS 66441** Application Number:

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

N	
NW	NE
SW	<b>X</b> E
S	

4 DEPTH OF WELL **24.8** ft.  
 WELL'S STATIC WATER LEVEL **23.75** 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) 11 Injection Well  
 4 Industrial 8 Air Conditioning 12 Other \_\_\_\_\_  
 Was a chemical/bacteriological sample submitted to Department? Yes \_\_\_\_\_ No **X**  
 If yes, mo/day/yr sample was submitted \_\_\_\_\_  
 Water Well Disinfected: Yes \_\_\_\_\_ No **X**

5 TYPE OF BLANK CASING USED:  
 1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (specify below)  
**2** PVC 4 ABC 6 Asbestos-Cement 8 Concrete Tile  
 Blank casing diameter **2** in. Was casing pulled? Yes **X** No \_\_\_\_\_ If yes, how much **24 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 **24.8** 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
<b>0</b>	<b>3</b>		<b>Previously Existing Material</b>
<b>3</b>	<b>24.8</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) **3-8-06** 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) *[Signature]*

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.