

1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: Thomas	S 12 S 12 S 12	31	10	32
Distance and direction from nearest town or city street address of well if located within city?				

2 WATER WELL OWNER: D. G. Hansen Tr – James Hecker	Board of Agriculture, Division of Water Resources Application Number:
RR#, St. Address, Box #: HC1	
City, State, ZIP Code: Oakley, Ks 67748	

3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4 DEPTH OF WELL 225 ft.
<div style="text-align: center;"> N S W E </div>	WELL'S STATIC WATER LEVEL 132 ft.
	WELL WAS USED AS:
	<div style="display: flex; justify-content: space-between;"> <div> 1 Domestic 2 Irrigation 3 Feedlot 4 Industrial </div> <div> 5 Public Water Supply <input checked="" type="checkbox"/> 6 Oil Field Water Supply 7 Lawn and Garden (domestic) 8 Air Conditioning </div> <div> 9 Dewatering 10 Monitoring Well 11 Injection Well 12 Other </div> </div>
	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 <input checked="" type="checkbox"/> No _____

5 TYPE OF BLANK CASING USED:				
1 Steel	3 RMP (SR)	5 Wrought	7 Fiberglass	9 Other (specify below)
<input checked="" type="checkbox"/> 2 PVC	4 ABC	6 Asbestos-Cement	8 Concrete Tile	
Blank casing diameter 4.5 in. Was casing pulled? Yes _____ No <input checked="" type="checkbox"/> If yes, how much _____				
Casing height above or below land surface _____ in.				

6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____				
Grout Plug Intervals From _____ ft. to _____ 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		
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
225	130		Clean sand
130	120		Hole plug
120	20		Clean sand
20	3		Hole plug
3	0		dirt

7	CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/yr) 11-10-05 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) 11-18-05 under the business name of Woofert Pump & Well Inc. by (signature) <i>James Hecker</i>
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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.