

1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: Trego	NE ¼ NE ¼ SE ¼	8	12	23

Distance and direction from nearest town or city street address of well if located within city?

West Hwy 40, Wakeeney Ks - D & T Tire

2 WATER WELL OWNER: KDHE-BER	Board of Agriculture, Division of Water Resources
RR#, St. Address, Box # Forbes Field, Bldg 740	Application Number:
City, State, ZIP Code : Topeka, Ks 66620	

3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4 DEPTH OF WELL 79.20 ft.												
<div style="text-align: center;">N <table border="1"><tr><td>NW</td><td>NE</td></tr><tr><td>SW</td><td>SE</td></tr></table> S</div>	NW	NE	SW	SE	WELL'S STATIC WATER LEVEL 66.26 ft.								
NW	NE												
SW	SE												
	WELL WAS USED AS:												
	<table><tr><td>1 Domestic</td><td>5 Public Water Supply</td><td>9 Dewatering</td></tr><tr><td>2 Irrigation</td><td>6 Oil Field Water Supply</td><td><input checked="" type="checkbox"/> 10 Monitoring Well</td></tr><tr><td>3 Feedlot</td><td>7 Lawn and Garden (domestic)</td><td>11 Injection Well</td></tr><tr><td>4 Industrial</td><td>8 Air Conditioning</td><td>12 Other</td></tr></table>	1 Domestic	5 Public Water Supply	9 Dewatering	2 Irrigation	6 Oil Field Water Supply	<input checked="" type="checkbox"/> 10 Monitoring Well	3 Feedlot	7 Lawn and Garden (domestic)	11 Injection Well	4 Industrial	8 Air Conditioning	12 Other
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	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:										
<table><tr><td>1 Steel</td><td>3 RMP (SR)</td><td>5 Wrought</td><td>7 Fiberglass</td><td>9 Other (specify below)</td></tr><tr><td><input checked="" type="checkbox"/> 2 PVC</td><td>4 ABC</td><td>6 Asbestos-Cement</td><td>8 Concrete Tile</td><td></td></tr></table>	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	
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Blank casing diameter 2 in. Was casing pulled? Yes X No ___ If yes, how much 20										
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 79.20 ft. to 3 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
79.20	3		Bentonite
3	0		Topsoil
			Overdrilled 3 ft

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/yr) 8-15-05 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) 9-15-05 under the business name of Woofter Pump & Well Inc.
by (signature) <i>[Signature]</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.