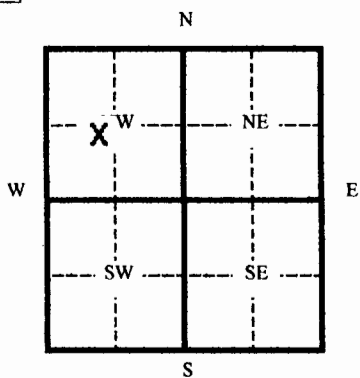


1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: <b>Gove</b>	<b>NE ¼ SW ¼ NW ¼</b>	<b>17</b>	<b>14</b>	<b>26</b>

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

2 WATER WELL OWNER: **Kinder Morgan**  
 RR#, St. Address, Box # **Rt 2 Box 16**  
 City, State, ZIP Code : **Lakin, KS 67860**  
 Board of Agriculture, Division of Water Resources  
 Application Number: \_\_\_\_\_

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



4 DEPTH OF WELL **400** ft.  
 WELL'S STATIC WATER LEVEL \_\_\_\_\_ 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 **X** No \_\_\_\_\_

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 **5** in. Was casing pulled? Yes \_\_\_\_\_ No **X** 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
400	300		sand
300	290		grout
200	190		Sand
190	170		Grout
170	100		Sand
100	6		clay
<i>6</i>	<i>3</i>		<i>grout 3-0 clay</i>

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/yr) **12-14-06** 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) **12-14-06** under the business name of **Woofter Pump & Well Inc.**  
 by (signature) *Jay C. Woofter, Jr. MA*

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.