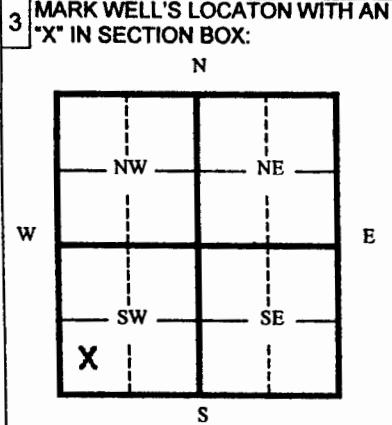


1 LOCATION OF WATER WELL:	Fraction <b>¼ SW ¼ SW ¼</b>	Section Number <b>16</b>	Township Number <b>18</b>	Range Number <b>33</b>
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County: **Scott**  
 Distance and direction from nearest town or city street address of well if located within city?

2 WATER WELL OWNER: **Kinder Morgan Inc.**  
 RR#, St. Address, Box # **105 East Quall Road** Board of Agriculture, Division of Water Resources  
 City, State, ZIP Code : **Phillipsburg, KS 67661** Application Number: \_\_\_\_\_



4 DEPTH OF WELL **190** 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 Fire Supply**

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 **12** 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 **Clay**

Grout Plug Intervals From **100** ft. to **0** 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
	<b>100</b>		<b>Sand</b>
<b>100</b>	<b>10</b>		<b>Clay</b>
<b>10</b>	<b>2</b>		<b>Bentonite Grout</b>
<b>2</b>	<b>0</b>		<b>Clay</b>

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/yr) **4-7-05** 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) **4-15-05** under the business name of **Woofter Pump & Well, Inc.** by (signature) *Jay C. Woofter*

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.