

1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number																																
County: <b>Finney</b>	<b>NW ¼ SE ¼ SE ¼</b>	<b>17</b>	<b>24</b>	<b>32</b>																																
Distance and direction from nearest town or city street address of well if located within city?																																				
2 WATER WELL OWNER: <b>City of Garden City</b>																																				
RR#, St. Address, Box # <b>125 J. C. St.</b>		Board of Agriculture, Division of Water Resources																																		
City, State, ZIP Code : <b>Garden City, Ks 67846</b>		Application Number: <b>AS-1</b>																																		
3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4 DEPTH OF WELL <b>34.50</b> ft.																																			
<div style="text-align: center;"> </div>	WELL'S STATIC WATER LEVEL <b>NA</b> 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 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 <b>X</b> If yes, mo/day/yr sample was submitted _____ Water Well Disinfected: Yes _____ No <b>X</b>																																			
5 TYPE OF BLANK CASING USED:																																				
1 Steel      3 RMP (SR)      5 Wrought      7 Fiberglass      9 Other (specify below) <b>2 PVC</b> 4 ABC      6 Asbestos-Cement      8 Concrete Tile Blank casing diameter <b>2</b> in. Was casing pulled? Yes <b>X</b> No _____ If yes, how much <b>3</b> ft. Casing height above or below land surface <b>0</b> in.																																				
6 GROUT PLUG MATERIAL: 1 Neat cement    2 Cement grout    3 Bentonite    4 Other _____																																				
Grout Plug Intervals From <b>20</b> ft. to <b>0</b> ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.																																				
What is the nearest source of possible contamination:																																				
<div style="display: flex; justify-content: space-between;"> <div> 1 Septic tank 2 Sewer lines 3 Watertight sewer lines 4 Lateral lines 5 Cess Pool </div> <div> 6 Seepage pit 7 Pit privy 8 Sewage lagoon 9 Feedyard 10 Livestock pens </div> <div> 11 Fuel storage 12 Fertilizer storage 13 Insecticide storage 14 Abandoned water well 15 Oil well/ Gas well </div> <div> 16 Other (specify below) _____ </div> </div>																																				
Direction from well? _____ How many feet? _____																																				
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7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/yr) <b>11-30=05</b> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <b>554</b> This Water Well Record was completed on (mo/day/yr) <b>12-30-05</b> under the business name of <b>Woofter Pump &amp; Well Inc.</b> by (signature) <i>Ray C. Woofter</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.																																				