

1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number																																				
County: Finney	$\frac{1}{4}$ $\frac{1}{4}$ SE $\frac{1}{4}$	19	24 S	33 W																																				
Distance and direction from nearest town or city street address of well if located within city?																																								
2 WATER WELL OWNER: Sunflower Electric Power Coop																																								
RR#, St. Address, Box # 2075 W. St. John St.		Board of Agriculture, Division of Water Resources																																						
City, State, ZIP Code : Garden City, KS 67846		Application Number:																																						
3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4 DEPTH OF WELL 38 ft.																																							
<div style="text-align: center;">N</div> <table border="1" style="margin: auto; border-collapse: collapse;"> <tr> <td style="padding: 5px;">NW</td> <td style="padding: 5px;">NE</td> </tr> <tr> <td style="padding: 5px;">SW</td> <td style="padding: 5px; text-align: center;">X</td> </tr> </table> <div style="text-align: center;">S</div> <div style="display: flex; justify-content: space-between; width: 100px; margin-top: 5px;"> W E </div>	NW	NE	SW	X	WELL'S STATIC WATER LEVEL 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>																																			
	NW	NE																																						
	SW	X																																						
	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 2 in. Was casing pulled? Yes No X If yes, how much _____ Casing height above or below land surface 36 in.																																								
6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____																																								
Grout Plug Intervals From 3 ft. to 38 ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft. What is the nearest source of possible contamination: <div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;">1 Septic tank</div> <div style="width: 33%;">6 Seepage pit</div> <div style="width: 33%;">11 Fuel storage</div> <div style="width: 33%;">16 Other (specify below)</div> <div style="width: 33%;">2 Sewer lines</div> <div style="width: 33%;">7 Pit privy</div> <div style="width: 33%;">12 Fertilizer storage</div> <div style="width: 33%;"></div> <div style="width: 33%;">3 Watertight sewer lines</div> <div style="width: 33%;">8 Sewage lagoon</div> <div style="width: 33%;">13 Insecticide storage</div> <div style="width: 33%;"></div> <div style="width: 33%;">4 Lateral lines</div> <div style="width: 33%;">9 Feedyard</div> <div style="width: 33%;">14 Abandoned water well</div> <div style="width: 33%;"></div> <div style="width: 33%;">5 Cess Pool</div> <div style="width: 33%;">10 Livestock pens</div> <div style="width: 33%;">15 Oil well/ Gas well</div> <div style="width: 33%;"></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) 9-28-05 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) 11-1-05 under the business name of Woofter Pump & Well, Inc. by (signature) _____																																								
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.																																								