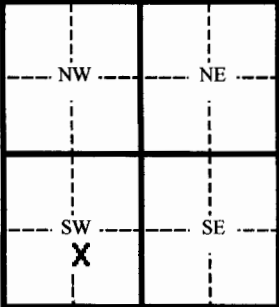


1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: Ford	NE 1/4 SE 1/4 SE 1/4	34	26	25

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

2 WATER WELL OWNER: River Stop	Board of Agriculture, Division of Water Resources
RR#, St. Address, Box # 705 S 14th St.	
City, State, ZIP Code : Dodge City, Ks	

Application Number: **MW 1**

3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4 DEPTH OF WELL 17.5 ft.												
<div style="text-align: center;">N W E SW SE S</div> 	WELL'S STATIC WATER LEVEL dry ft.												
	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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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 <input checked="" type="checkbox"/>													
If yes, mo/day/yr sample was submitted _____													
Water Well Disinfected: Yes _____ No <input checked="" type="checkbox"/>													

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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<input checked="" type="checkbox"/> 2 PVC	4 ABC	6 Asbestos-Cement	8 Concrete Tile							
Blank casing diameter _____ in.										
Was casing pulled? Yes <input checked="" type="checkbox"/> No _____ If yes, how much 5 FT										
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 _____ ft. to _____ ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.																				
What is the nearest source of possible contamination:																				
<table><tr><td>1 Septic tank</td><td>6 Seepage pit</td><td>11 Fuel storage</td><td>16 Other (specify below)</td></tr><tr><td>2 Sewer lines</td><td>7 Pit privy</td><td>12 Fertilizer storage</td><td></td></tr><tr><td>3 Watertight sewer lines</td><td>8 Sewage lagoon</td><td>13 Insecticide storage</td><td></td></tr><tr><td>4 Lateral lines</td><td>9 Feedyard</td><td>14 Abandoned water well</td><td></td></tr><tr><td>5 Cess Pool</td><td>10 Livestock pens</td><td>15 Oil well/ Gas well</td><td></td></tr></table>	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	
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Direction from well? _____	How many feet? _____																			

FROM	TO	CODE	PLUGGING MATERIALS
			Over drilled 4.5 FT
			BIT KICKED OFF AFTER 5 FT
17.5	2		Bentonite chips
2	0		Cement flushmount

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/yr) 1-10-06 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) 2-24-06 under the business name of Woofert 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.