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|---------------------------|-----------------------|----------------|-----------------|--------------|
| 1 LOCATION OF WATER WELL: | Fraction | Section Number | Township Number | Range Number |
| County: Ford | NE ¼ SE ¼ SE ¼ | 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 Application Number: MW 12 |
| RR#, St. Address, Box # 705 S 14th St. | |
| City, State, ZIP Code : Dodge City, Ks | |

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|--|--|--|-----------------------|--------------|--------------|--------------------------|--|-----------|------------------------------|-------------------|--|--------------------|----------|
| 3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: | 4 DEPTH OF WELL 18 ft. | | | | | | | | | | | | |
| <div style="text-align: center;">N <table border="1" style="margin: auto;"><tr><td></td><td></td></tr><tr><td>NW</td><td>NE</td></tr><tr><td></td><td></td></tr><tr><td>SW</td><td>SE</td></tr><tr><td></td><td></td></tr></table> S</div> | | | NW | NE | | | SW | SE | | | WELL'S STATIC WATER LEVEL DRY ft. | | |
| | | | | | | | | | | | | | |
| NW | NE | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| SW | SE | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | WELL WAS USED AS: <table style="width: 100%;"><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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| 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"/> | | | | | | | | | | | | |

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|---|---|------------------------|-----------------|-------------------------|-------------------------|---|-------|-------------------|-----------------|--|
| 5 TYPE OF BLANK CASING USED: | | | | | | | | | | |
| <table style="width: 100%;"><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 _____ No <input checked="" type="checkbox"/> | If yes, how much _____ | | | | | | | | |
| Casing height above or below land surface 0 in. | | | | | | | | | | |

| | | | | |
|------------------------|-----------------------------|-----------------------------|---|-----------------------------|
| 6 GROUT PLUG MATERIAL: | 1 Neat cement | 2 Cement grout | <input checked="" type="checkbox"/> 3 Bentonite | 4 Other _____ |
| Grout Plug Intervals | From _____ ft. to _____ ft. | 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 |
|-----------|----------|------|---|
| | | | DRILLED OUT 3ft – Bit kicked off after 3 ft. |
| 18 | 0 | | Benonite Chips |
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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) 1-9-06 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 Woofter Pump & Well Inc. |
| by (signature) <i>Jay 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.