

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
RR#, St. Address, Box # 705 S 14th St.	Application Number: MW 36
City, State, ZIP Code : Dodge City, Ks	

3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4 DEPTH OF WELL 34.5 ft.												
<div style="text-align: center;">N W E S</div> <div style="border: 1px solid black; width: 150px; height: 150px; margin: 10px auto; position: relative;"><div style="position: absolute; top: 50%; left: 50%; transform: translate(-50%, -50%);">X</div></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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	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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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 TO 20 FT
34.5	1		Benonite Chips
1	0		Cement (Asphalt Drive

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 Woofert Pump & Well Inc. by (signature) <i>[Signature]</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.