

1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: <b>Ford</b>	<b>NW ¼ SW ¼ SW ¼</b>	<b>35</b>	<b>26</b>	<b>25</b>

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

2 WATER WELL OWNER: <b>River Stop</b>	Board of Agriculture, Division of Water Resources Application Number: <b>MW 5</b>
RR#, St. Address, Box # <b>705 S 14<sup>th</sup> St.</b>	
City, State, ZIP Code : <b>Dodge City, Ks</b>	

3 MARK WELL'S LOCATON WITH AN "X" IN SECTION BOX:	4 DEPTH OF WELL <u>20</u> ft.								
<div style="text-align: center;">N</div> <table border="1"><tr><td></td><td></td></tr><tr><td>NW</td><td>NE</td></tr><tr><td>SW</td><td>SE</td></tr><tr><td></td><td></td></tr></table> <div style="text-align: center;">S</div> <div style="display: flex; justify-content: space-between;"><span>W</span><span>E</span></div>			NW	NE	SW	SE			WELL'S STATIC WATER LEVEL <u>dry</u> ft.
	NW	NE							
	SW	SE							
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 <input checked="" type="checkbox"/> 10 Monitoring Well 11 Injection Well 12 Other _____</div></div>									
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:
<div style="display: flex; justify-content: space-between;"><div>1 Steel <input checked="" type="checkbox"/> 2 PVC</div><div>3 RMP (SR) ABC</div><div>5 Wrought 6 Asbestos-Cement</div><div>7 Fiberglass 8 Concrete Tile</div><div>9 Other (specify below)</div></div>
Blank casing diameter _____ in. Was casing pulled? Yes <input checked="" type="checkbox"/> No _____ If yes, how much <u>10 ft casing, 10 ft. screen</u>
Casing height above or below land surface <u>0</u> 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
			Could not be overdrilled due to location
20	2		Bentonite chips
2	0		Topsoil

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/yr) <u>1-05-06</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>554</u> This Water Well Record was completed on (mo/day/yr) <u>2-24-06</u> under the business name of <u>Woofter Pump &amp; Well Inc.</u>
by (signature) <u>[Signature]</u>

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.