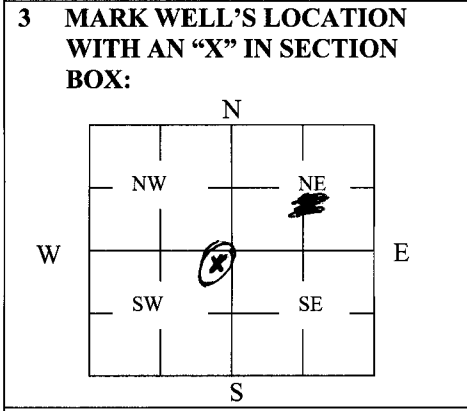


1 LOCATION OF WATER WELL:
 County: Stevens Fraction ~~1/4~~ ~~1/4~~ SW Section Number 1 Township Number T 32 S Range Number 39 RW

Distance and direction from nearest town or city to street address of well if located within city?
NE 1/4 NE 1/4

2 WATER WELL OWNER: Bob Passmore
Ray Hoggatt
 RR#, St. Address, Box #: P.O. Box 585
 City, State ZIP Code: Hugoton, KS 67951

Global Positioning Systems (decimal degrees, min. of 4 digits)
 Latitude: _____
 Longitude: _____
 Elevation: _____
 Datum: _____
 Data Collection Method: _____



4 DEPTH OF WELL 160 ft.
 WELL'S STATIC WATER LEVEL 64 ft.

WELL WAS USED AS:

1 Domestic	5 Public Water Supply	9 Dewatering
2 Irrigation	6 Oil Field Water Supply	10 Monitoring
3 Feedlot	7 Domestic (Lawn & Garden)	11 Injection Well
4 Industrial	8 Air Conditioning	12 Other <u>Wind Mill</u>

Was a chemical/bacteriological sample submitted to Department? Yes _____ No

5 TYPE OF BLANK CASING USED:

1 Steel	3 RMP (SR)	5 Wrought	7 Fiberglass	9 Other (Specify below)
2 PVC	4 ABS	6 Asbestos-Cement	8 Concrete Tile	

Blank casing diameter 7 in. Was casing pulled? Yes _____ No If yes, how much _____
 Casing height above or below land surface 5 ft in.

6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____

Grout Plug Intervals: From 30 ft. to 25 ft., From 25 ft. to 15 ft., From 15 to 0 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	Direction from well? _____
5 Cess pool	10 Livestock pens	15 Oil well/Gas well	How many feet? _____

FROM	TO	PLUGGING MATERIALS	FROM	TO	PLUGGING MATERIALS
<u>30</u>	<u>25</u>	<u>CEMENT</u>	<u>25</u>	<u>15</u>	<u>BENTONITE</u>
<u>15</u>	<u>0</u>	<u>CEMENT</u>		<u>0</u>	<u>WELD CAP ON CASING</u>

**Original Returned to Sender
for Correction Date: 9/10/10**

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 8-24-10 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. _____. This Water Well Record was completed on (mo/day/year) 8-30-10 under the business name of PASSMORE BROS. INC. by (signature) Bob Passmore

INSTRUCTIONS: Use typewriter or ballpoint pen. Please press firmly and print clearly. Please fill in blanks, underline or circle the correct answers. Send top three copies to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 785/296-5522. Send one to Water Well Owner and retain one for your records. Visit us at <http://www.kdheks.gov/geo/waterwells>