

1 LOCATION OF WATER WELL:		Fraction		Section Number		Township Number		Range Number																																																																																					
County: Stevens		NW 1/4 NW 1/4 NW 1/4		16		T 33 S		R 37 EW																																																																																					
Distance and direction from nearest town or city street address of well if located within city?																																																																																													
2 WATER WELL OWNER: Stevens County Hwy. Dept.																																																																																													
RR#, St. Address, Box #: Hugoton, KS 67051																																																																																													
City, State, ZIP Code: _____ Board of Agriculture, Division of Water Resources																																																																																													
MW # 8 Application Number: _____																																																																																													
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL: 105 ft. ELEVATION: _____																																																																																											
		Depth(s) Groundwater Encountered 1. _____ ft. 2. _____ ft. 3. _____ ft.																																																																																											
		WELL'S STATIC WATER LEVEL 98.42 ft. below land surface measured on mo/day/yr																																																																																											
		Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm																																																																																											
		Est. Yield _____ gpm: Well water was _____ ft. after _____ hours pumping _____ gpm																																																																																											
		Bore Hole Diameter 6 in. to 105 ft., and _____ in. to _____ ft.																																																																																											
		WELL WATER TO BE USED AS:																																																																																											
		5 Public water supply		8 Air conditioning		11 Injection well																																																																																							
		1 Domestic		3 Feedlot		6 Oil field water supply		9 Dewatering																																																																																					
		2 Irrigation		4 Industrial		7 Lawn and garden only		10 Monitoring well																																																																																					
		Was a chemical/bacteriological sample submitted to Department? Yes _____ No X If yes, mo/day/yr sample was submitted _____																																																																																											
		Water Well Disinfected? Yes _____ No X																																																																																											
5 TYPE OF BLANK CASING USED:																																																																																													
1 Steel		3 RMP (SR)		6 Asbestos-Cement		9 Other (specify below)		CASING JOINTS: Glued _____ Clamped _____																																																																																					
2 PVC		4 ABS		7 Fiberglass				Welded _____																																																																																					
								Threaded X																																																																																					
Blank casing diameter 2 in. to 65 ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft.																																																																																													
Casing height above land surface 0 in. weight 716 lbs./ft. Wall thickness or gauge No. 154																																																																																													
TYPE OF SCREEN OR PERFORATION MATERIAL:																																																																																													
1 Steel		3 Stainless steel		5 Fiberglass		8 RMP (SR)		10 Asbestos-cement																																																																																					
2 Brass		4 Galvanized steel		6 Concrete tile		9 ABS		11 Other (specify) _____																																																																																					
								12 None used (open hole)																																																																																					
SCREEN OR PERFORATION OPENINGS ARE:																																																																																													
1 Continuous slot		3 Mill slot		5 Gauzed wrapped		8 Saw cut		11 None (open hole)																																																																																					
2 Louvered shutter		4 Key punched		6 Wire wrapped		9 Drilled holes																																																																																							
				7 Torch cut		10 Other (specify) _____																																																																																							
SCREEN-PERFORATED INTERVALS: From 65 ft. to 105 ft. From _____ ft. to _____ ft.																																																																																													
GRAVEL PACK INTERVALS: From 63 ft. to 105 ft. From _____ ft. to _____ ft.																																																																																													
6 GROUT MATERIAL: 1 Neat cement 2 <u>Cement grout</u> 3 Bentonite 4 Other _____																																																																																													
Grout Intervals: From 0 ft. to 2 ft. From 2 ft. to 63 ft. From _____ ft. to _____ ft.																																																																																													
What is the nearest source of possible contamination:																																																																																													
1 Septic tank		4 Lateral lines		7 Pit privy		10 Livestock pens		14 Abandoned water well																																																																																					
2 Sewer lines		5 Cess pool		8 Sewage lagoon		11 Fuel storage		15 Oil well/Gas well																																																																																					
3 Watertight sewer lines		6 Seepage pit		9 Feedyard		12 Fertilizer storage		16 Other (specify below)																																																																																					
						13 Insecticide storage		Contaminated Site																																																																																					
Direction from well? _____ How many feet? _____																																																																																													
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7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) 8-21-97 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) 9-19-97 under the business name of Woofter Pump & Well, Inc. by (signature) <i>Jim C. Woofter</i>																																																																																													
INSTRUCTIONS: Use typewriter or ball point 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, Topeka, Kansas 66620-0001 Telephone 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.																																																																																													

OFFICE USE ONLY

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