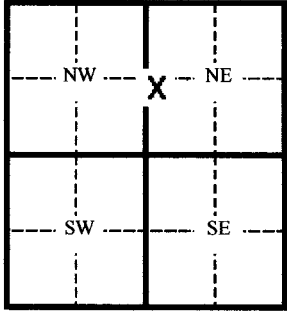


<b>1</b>	LOCATION OF WATER WELL:	Fraction <b>NW ¼ SW ¼ NE ¼</b>	Section Number <b>16</b>	Township Number <b>33</b>	Range Number <b>37</b>																																
County: <b>Stevens</b>																																					
Distance and direction from nearest town or city street address of well if located within city?																																					
<b>2</b>	WATER WELL OWNER: <b>City of Hugoton</b> RR#, St. Address, Box # <b>112 #. 5<sup>th</sup> St</b> City, State, ZIP Code : <b>Hugoton, Ks 67951</b>																																				
			Board of Agriculture, Division of Water Resources Application Number:																																		
<b>3</b>	MARK WELL'S LOCATON WITH AN "X" IN SECTION BOX: <div style="display: flex; align-items: flex-start; margin-top: 10px;"> <div style="flex: 1;">  </div> <div style="flex: 2; padding-left: 10px;">           DEPTH OF WELL <b>151</b> ft.            WELL'S STATIC WATER LEVEL <b>137.5</b> ft.            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> </div> </div>																																				
Was a chemical/bacteriological sample submitted to Department? Yes _____ No <input checked="" type="checkbox"/> <b>X</b> If yes, mo/day/yr sample was submitted _____ Water Well Disinfected: Yes _____ No <input checked="" type="checkbox"/> <b>X</b>																																					
<b>5</b>	TYPE OF BLANK CASING USED: <div style="display: flex; justify-content: space-between;"> <div>           1 Steel <input checked="" type="checkbox"/> 2 PVC Blank casing diameter <b>4</b> in.         </div> <div>           3 RMP (SR) 4 ABC Was casing pulled? Yes _____ No _____ If yes, how much _____         </div> <div>           5 Wrought 6 Asbestos-Cement 7 Fiberglass 8 Concrete Tile 9 Other (specify below) <b>OVERDRILLED 3 FT</b> </div> </div> Casing height above or below land surface <b>- 3 FT</b> in.																																				
<b>6</b>	GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout <input checked="" type="checkbox"/> 3 Bentonite 4 Other _____ Grout Plug Intervals From <b>151</b> ft. to <b>3</b> ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft. What is the nearest source of possible contamination: <div style="display: flex; justify-content: space-between;"> <div>           1 Septic tank 2 Sewer lines 3 Watertight sewer lines 4 Lateral lines 5 Cess Pool         </div> <div>           6 Seepage pit 7 Pit privy 8 Sewage lagoon 9 Feedyard 10 Livestock pens         </div> <div>           11 Fuel storage 12 Fertilizer storage 13 Insecticide storage 14 Abandoned water well 15 Oil well/ Gas well         </div> <div>           16 Other (specify below) _____         </div> </div> Direction from well? _____ How many feet? _____																																				
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:10%;">FROM</th> <th style="width:10%;">TO</th> <th style="width:10%;">CODE</th> <th style="width:70%;">PLUGGING MATERIALS</th> </tr> </thead> <tbody> <tr> <td><b>151</b></td> <td><b>3</b></td> <td></td> <td><b>BENTONITE GROUT</b></td> </tr> <tr> <td></td> <td></td> <td></td> <td><b>OVERDRILLED 3 FT</b></td> </tr> <tr> <td><b>3</b></td> <td><b>0</b></td> <td></td> <td><b>BACKFILL</b></td> </tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>						FROM	TO	CODE	PLUGGING MATERIALS	<b>151</b>	<b>3</b>		<b>BENTONITE GROUT</b>				<b>OVERDRILLED 3 FT</b>	<b>3</b>	<b>0</b>		<b>BACKFILL</b>																
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<b>7</b>	CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/yr) <b>03-09-06</b> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <b>554</b> This Water Well Record was completed on (mo/day/yr) <b>04-14-06</b> under the business name of <b>Woofert Pump &amp; Well Inc.</b> by (signature) _____																																				
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.																																					