

|   |                             |                |                 |              |
|---|-----------------------------|----------------|-----------------|--------------|
| <b>1</b> LOCATION OF WATER WELL:  | Fraction                    | Section Number | Township Number | Range Number |
| County: <b>Stevens</b>  | <b>SW 1/4 SW 1/4 NE 1/4</b> | <b>16</b>      | <b>33</b>       | <b>37</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><br>RR#, St. Address, Box # <b>112 #. 5<sup>th</sup> St</b><br>City, State, ZIP Code : <b>Hugoton, Ks 67951</b> | Board of Agriculture, Division of Water Resources<br>Application Number: |
|--|--|

  

|   |   |
|---|---|
| <b>3</b> MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:<br><div style="text-align: center;"> </div> | <b>4</b> DEPTH OF WELL <u>93.4</u> ft.<br>WELL'S STATIC WATER LEVEL <u>DRY</u> ft.<br>WELL WAS USED AS:<br><div style="display: flex; justify-content: space-between;"> <div>           1 Domestic<br/>           2 Irrigation<br/>           3 Feedlot<br/>           4 Industrial         </div> <div>           5 Public Water Supply<br/>           6 Oil Field Water Supply<br/>           7 Lawn and Garden (domestic)<br/>           8 Air Conditioning         </div> <div>           9 Dewatering<br/> <div style="border: 1px solid black; padding: 2px;">10 Monitoring Well</div><br/>           11 Injection Well<br/>           12 Other         </div> </div> Was a chemical/bacteriological sample submitted to Department? Yes ___ No <u>X</u><br>If yes, mo/day/yr sample was submitted _____<br>Water Well Disinfected: Yes ___ No <u>X</u> |
|---|---|

  

|   |  |
|---|--|
| <b>5</b> TYPE OF BLANK CASING USED:<br><div style="display: flex; justify-content: space-between;"> <div>           1 Steel<br/> <div style="border: 1px solid black; padding: 2px;">2 PVC</div> </div> <div>           3 RMP (SR)<br/>           4 ABC         </div> <div>           5 Wrought<br/>           6 Asbestos-Cement         </div> <div>           7 Fiberglass<br/>           8 Concrete Tile         </div> <div>           9 Other (specify below)<br/> <b>OVERDRILLED 3 FT</b> </div> </div> Blank casing diameter <u>2</u> in. Was casing pulled? Yes ___ No ___ If yes, how much _____<br>Casing height above or below land surface <u>- 3 FT</u> in. |  |
|---|--|

  

|   |  |
|---|--|
| <b>6</b> GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout <div style="border: 1px solid black; padding: 2px;">3 Bentonite</div> 4 Other _____<br>Grout Plug Intervals From <u>93.4</u> ft. to <u>3</u> ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.<br>What is the nearest source of possible contamination:<br><div style="display: flex; justify-content: space-between;"> <div>           1 Septic tank<br/>           2 Sewer lines<br/>           3 Watertight sewer lines<br/>           4 Lateral lines<br/>           5 Cess Pool         </div> <div>           6 Seepage pit<br/>           7 Pit privy<br/>           8 Sewage lagoon<br/>           9 Feedyard<br/>           10 Livestock pens         </div> <div>           11 Fuel storage<br/>           12 Fertilizer storage<br/>           13 Insecticide storage<br/>           14 Abandoned water well<br/>           15 Oil well/ Gas well         </div> <div>           16 Other (specify below) _____         </div> </div> Direction from well? _____ How many feet? _____ |  |
|---|--|

  

| FROM | TO | CODE | PLUGGING MATERIALS      |
|------|----|------|-------------------------|
| 93.4 | 3  |      | <b>BENTONITE GROUT</b>  |
|      |    |      | <b>OVERDRILLED 3 FT</b> |
| 3    | 0  |      | <b>BACKFILL</b>         |
|      |    |      |                         |
|      |    |      |                         |
|      |    |      |                         |
|      |    |      |                         |

  

|          |   |
|----------|---|
| <b>7</b> | <b>CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:</b> This water well was plugged under my jurisdiction and was completed on (mo/day/yr) <u>03-09-06</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>04-14-06</u> under the business name of <u>Woofter Pump &amp; Well Inc.</u><br>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.