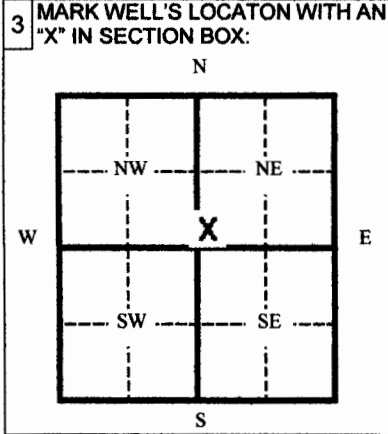


1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: Stevens	SW ¼ SW ¼ NE ¼	16	33	37w
Distance and direction from nearest town or city street address of well if located within city?				

2 WATER WELL OWNER: **City of Hugoton**
 RR#, St. Address, Box # **112 5th St**
 City, State, ZIP Code : **Hugoton, KS 67951**
 Board of Agriculture, Division of Water Resources
 Application Number:



4 DEPTH OF WELL **43.00** ft.
 WELL'S STATIC WATER LEVEL **NA** ft.
 WELL WAS USED AS:
 1 Domestic 5 Public Water Supply 9 Dewatering
 2 Irrigation 6 Oil Field Water Supply 10 Monitoring Well
 3 Feedlot 7 Lawn and Garden (domestic) 11 Injection Well
 4 Industrial 8 Air Conditioning 12 Other **Soil Vapor Extrac.**

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) 5 Wrought 7 Fiberglass 9 Other (specify below)
 2 **PVC** 4 ABC 6 Asbestos-Cement 8 Concrete Tile **Overdrilled 3 ft.**
 Blank casing diameter **2** in. Was casing pulled? Yes ___ No **X** If yes, how much _____
 Casing height above or below land surface **-3 Ft** in.

6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout **3 Bentonite** 4 Other _____
 Grout Plug Intervals From **43.00** ft. to **3** 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
43.00	3		Bentonite Grout
			Overdrilled 3 ft.
3	0		Backfill

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/yr) **3-8-06** 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) **2-7-07** under the business name of **Woofter Pump & Well Inc.**
 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.