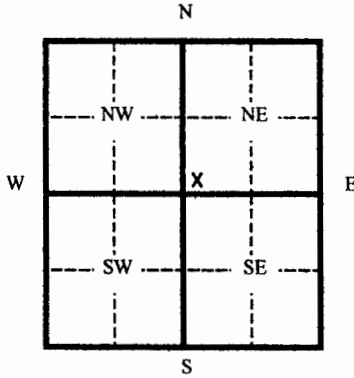


1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: <b>Stevens</b>	<b>SW 1/4 SW 1/4 NE 1/4</b>	<b>16</b>	<b>33</b>	<b>37W</b>

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 5<sup>th</sup> St.**  
 City, State, ZIP Code : **Hugoton, KS 67951**  
 Board of Agriculture, Division of Water Resources  
 Application Number:

3 MARK WELL'S LOCATON WITH AN "X" IN SECTION BOX:



4 DEPTH OF WELL **100** 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) | <b>11 Injection Well</b> |
| 4 Industrial | 8 Air Conditioning           | 12 Other                 |

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) |
| <b>2 PVC</b> | 4 ABC      | 6 Asbestos-Cement | 8 Concrete Tile |                         |

Blank casing diameter **2** in. Was casing pulled? Yes \_\_\_ No **X** If yes, how much **Overdrilled 3 feet**

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 **100** 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   | <b>none</b>              |
| 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
<b>100</b>	<b>3</b>		<b>Bentonite Grout</b>
			<b>Overdrilled 3 feet</b>
<b>3</b>	<b>0</b>		<b>Native material</b>

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) **3-7-07** under the business name of **Woofter Pump & Well, Inc.**  
 by (signature) *Susan A. Woofter for Jay L. Woofter*

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.