

ID No. AS-C2

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: <b>City of Hugoton</b>																																					
RR#, St. Address, Box # <b>112 5<sup>th</sup> St.</b>			Board of Agriculture, Division of Water Resources																																		
City, State, ZIP Code : <b>Hugoton, KS 67951</b>			Application Number:																																		
3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF WELL <b>100</b> ft.																																			
<div style="text-align: center;">N <table border="1" style="margin: auto; border-collapse: collapse;"><tr><td style="width: 50px; height: 50px;"></td><td style="width: 50px; height: 50px;"></td></tr><tr><td style="width: 50px; height: 50px; text-align: center;">NW</td><td style="width: 50px; height: 50px; text-align: center;">NE</td></tr><tr><td style="width: 50px; height: 50px; text-align: center;">SW</td><td style="width: 50px; height: 50px; text-align: center;">SE</td></tr></table> S</div>				NW	NE	SW	SE	WELL'S STATIC WATER LEVEL <b>NA</b> ft.																													
		NW	NE																																		
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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 10 Monitoring Well 11 <b>Injection Well</b> 12 Other</div></div>																																					
Was a chemical/bacteriological sample submitted to Department? Yes No <b>X</b>																																					
If yes, mo/day/yr sample was submitted																																					
Water Well Disinfected: Yes No <b>X</b>																																					
5 TYPE OF BLANK CASING USED:																																					
<div style="display: flex; justify-content: space-between;"><div>1 Steel <b>2 PVC</b></div><div>3 RMP (SR) 4 ABC</div><div>5 Wrought 6 Asbestos-Cement</div><div>7 Fiberglass 8 Concrete Tile</div><div>9 Other (specify below)</div></div>																																					
Blank casing diameter <b>2</b> in. Was casing pulled? Yes No <b>X</b> If yes, how much <b>Overdrilled 3 feet</b>																																					
Casing height above or below land surface <b>-3 ft</b> in.																																					
6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout <b>3 Bentonite</b> 4 Other																																					
Grout Plug Intervals From <b>100</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) <b>none</b></div></div>																																					
Direction from well? How many feet?																																					
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7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/yr) <b>3-8-06</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>3-7-07</b> under the business name of <b>Woofter Pump &amp; Well, Inc.</b> by (signature) <i>Sumner A. Woofter for Woofter Pump &amp; Well, Inc.</i>																																					
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.																																					