

| | | | | |
|---|-----------------------------|----------------|-----------------|--------------|
| 1 LOCATION OF WATER WELL: | Fraction | Section Number | Township Number | Range Number |
| County: Stevens | SW 1/4 SW 1/4 NE 1/4 | 16 | 34 | 37 |
| 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:

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

N

| | |
|----|----|
| NW | NE |
| SW | SE |

S

X

DEPTH OF WELL **99.5** ft.

WELL'S STATIC WATER LEVEL **DRY** ft.

WELL WAS USED AS:

| | | |
|--------------|------------------------------|--|
| 1 Domestic | 5 Public Water Supply | 9 Dewatering |
| 2 Irrigation | 6 Oil Field Water Supply | <input checked="" type="checkbox"/> 10 Monitoring Well |
| 3 Feedlot | 7 Lawn and Garden (domestic) | 11 Injection Well |
| 4 Industrial | 8 Air Conditioning | 12 Other AIR SPARGE |

Was a chemical/bacteriological sample submitted to Department? Yes _____ No

If yes, mo/day/yr sample was submitted _____

Water Well Disinfected: Yes _____ No

5 TYPE OF BLANK CASING USED:

| | | | | |
|---|------------|-------------------|-----------------|-------------------------|
| 1 Steel | 3 RMP (SR) | 5 Wrought | 7 Fiberglass | 9 Other (specify below) |
| <input checked="" type="checkbox"/> 2 PVC | 4 ABC | 6 Asbestos-Cement | 8 Concrete Tile | OVERDRILLED 3 FT |

Blank casing diameter **2** in. Was casing pulled? Yes _____ No _____ 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 **99.5** 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 |
|-------------|----------|------|-------------------------|
| 99.5 | 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) **03-08-06** 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) **04-14-06** under the business name of **Woofter Pump & Well Inc.**

by (signature) _____ *Jerry G. 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.