

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** Board of Agriculture, Division of Water Resources
 City, State, ZIP Code : **Hugoton, Ks 67951** Application Number:

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

	DEPTH OF WELL	102.1	ft.
	WELL'S STATIC WATER LEVEL	DRY	ft.
	WELL WAS USED AS:	<input type="checkbox"/> 1 Domestic <input type="checkbox"/> 5 Public Water Supply <input type="checkbox"/> 9 Dewatering <input type="checkbox"/> 2 Irrigation <input type="checkbox"/> 6 Oil Field Water Supply <input checked="" type="checkbox"/> 10 Monitoring Well <input type="checkbox"/> 3 Feedlot <input type="checkbox"/> 7 Lawn and Garden (domestic) <input type="checkbox"/> 11 Injection Well <input type="checkbox"/> 4 Industrial <input type="checkbox"/> 8 Air Conditioning <input type="checkbox"/> 12 Other AIR SPARGE	
	Was a chemical/bacteriological sample submitted to Department?	Yes	No <input checked="" type="checkbox"/>

If yes, mo/day/yr sample was submitted _____
 Water Well Disinfected: Yes _____ No

5 TYPE OF BLANK CASING USED:

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

Blank casing diameter **4** 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 **102.1** ft. to **3** ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.

What is the nearest source of possible contamination:

<input type="checkbox"/> 1 Septic tank	<input type="checkbox"/> 6 Seepage pit	<input type="checkbox"/> 11 Fuel storage	<input type="checkbox"/> 16 Other (specify below)
<input type="checkbox"/> 2 Sewer lines	<input type="checkbox"/> 7 Pit privy	<input type="checkbox"/> 12 Fertilizer storage	
<input type="checkbox"/> 3 Watertight sewer lines	<input type="checkbox"/> 8 Sewage lagoon	<input type="checkbox"/> 13 Insecticide storage	
<input type="checkbox"/> 4 Lateral lines	<input type="checkbox"/> 9 Feedyard	<input type="checkbox"/> 14 Abandoned water well	
<input type="checkbox"/> 5 Cess Pool	<input type="checkbox"/> 10 Livestock pens	<input type="checkbox"/> 15 Oil well/ Gas well	

Direction from well? _____ How many feet? _____

FROM	TO	CODE	PLUGGING MATERIALS
102.1	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) *[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.