

1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number																																
County: Stevens	SW ¼ SW ¼ NE ¼	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 LOCATION WITH AN "X" IN SECTION BOX:		DEPTH OF WELL 102 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;">X</td><td style="width: 50px; height: 50px;"></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	X		SW	SE	WELL'S STATIC WATER LEVEL DRY ft.																										
		NW	NE																																	
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SW	SE																																			
WELL WAS USED AS:																																				
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		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 <input checked="" type="checkbox"/>																																		
5 TYPE OF BLANK CASING USED:																																				
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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 <input checked="" type="checkbox"/> 3 Bentonite 4 Other _____																																				
Grout Plug Intervals From 102 ft. to 3 ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.																																				
What is the nearest source of possible contamination:																																				
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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) 03-07-06 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) <i>[Signature]</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.																																				