

1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: <b>Stevens</b>	<b>SW ¼ SW ¼ NE ¼</b>	<b>16</b>	<b>34</b>	<b>37</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> City, State, ZIP Code : <b>Hugoton, Ks 67951</b>	Board of Agriculture, Division of Water Resources Application Number:
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3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: <div style="text-align: center;"> </div>	DEPTH OF WELL <b>101</b> ft. WELL'S STATIC WATER LEVEL <b>DRY</b> ft. WELL WAS USED AS: <table style="width:100%;"> <tr> <td>1 Domestic</td> <td>5 Public Water Supply</td> <td>9 Dewatering</td> </tr> <tr> <td>2 Irrigation</td> <td>6 Oil Field Water Supply</td> <td><input checked="" type="checkbox"/> 10 Monitoring Well</td> </tr> <tr> <td>3 Feedlot</td> <td>7 Lawn and Garden (domestic)</td> <td>11 Injection Well</td> </tr> <tr> <td>4 Industrial</td> <td>8 Air Conditioning</td> <td>12 Other <b>AIR SPARGE</b></td> </tr> </table> 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>	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 <b>AIR SPARGE</b>
1 Domestic	5 Public Water Supply	9 Dewatering											
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5 TYPE OF BLANK CASING USED:	
1 Steel <input checked="" type="checkbox"/> 2 PVC Blank casing diameter <b>4</b> in.	3 RMP (SR) 4 ABC Was casing pulled? Yes ___ No ___ If yes, how much _____ Casing height above or below land surface <b>- 3 FT</b> in.
5 Wrought 6 Asbestos-Cement 7 Fiberglass 8 Concrete Tile 9 Other (specify below) <b>OVERDRILLED 3 FT</b>	

  

6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout <input checked="" type="checkbox"/> 3 Bentonite 4 Other _____	
Grout Plug Intervals From <b>101</b> ft. to <b>3</b> ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.	
What is the nearest source of possible contamination:	
1 Septic tank 2 Sewer lines 3 Watertight sewer lines 4 Lateral lines 5 Cess Pool	6 Seepage pit 7 Pit privy 8 Sewage lagoon 9 Feedyard 10 Livestock pens
11 Fuel storage 12 Fertilizer storage 13 Insecticide storage 14 Abandoned water well 15 Oil well/ Gas well	16 Other (specify below) _____
Direction from well? _____ How many feet? _____	

  

FROM	TO	CODE	PLUGGING MATERIALS
<b>101</b>	<b>3</b>		<b>BENTONITE GROUT</b>
			<b>OVERDRILLED 3 FT</b>
<b>3</b>	<b>0</b>		<b>BACKFILL</b>

  

7	CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/yr) <b>03-07-06</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>04-14-06</b> under the business name of <b>Woofter Pump &amp; Well Inc.</b> by (signature)
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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.