

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

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

N 	DEPTH OF WELL 103 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 10 <input checked="" type="checkbox"/> 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 **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 **103** 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
103	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) **03-07-06** 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) _____

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.