

1	LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: <b>Stevens</b>	<b>SW 1/4 SW 1/4 NE 1/4</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: **City of Hugoton**  
 RR#, St. Address, Box # **112 #. 5<sup>th</sup> 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:

	DEPTH OF WELL <b>102</b> ft.											
	WELL'S STATIC WATER LEVEL <b>DRY</b> ft.											
	WELL WAS USED AS:											
	<table border="0"> <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>	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
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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	<b>OVERDRILLED 3 FT</b>

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** 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
<b>102</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) **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.