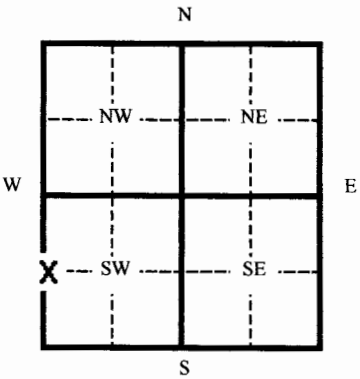


1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: Thomas	NW 1/4 SW 1/4 SW 1/4	22	7	32w
Distance and direction from nearest town or city street address of well if located within city?				

2 WATER WELL OWNER: **Vern Hazlett**
 RR#, St. Address, Box # **2 Ford Dr : Po Box 874**
 City, State, ZIP Code : **Colby, KS 67701**
 Board of Agriculture, Division of Water Resources
 Application Number: _____

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



4 DEPTH OF WELL **152** ft.
 WELL'S STATIC WATER LEVEL _____ ft.
 WELL WAS USED AS:

<input checked="" type="radio"/> 1 Domestic	5 Public Water Supply	9 Dewatering
2 Irrigation	6 Oil Field Water Supply	10 Monitoring Well
3 Feedlot	7 Lawn and Garden (domestic)	11 Injection Well
4 Industrial	8 Air Conditioning	12 Other _____

Was a chemical/bacteriological sample submitted to Department? Yes _____ No ☒ **X**
 If yes, mo/day/yr sample was submitted _____
 Water Well Disinfected: Yes _____ No ☒ **X**

5 TYPE OF BLANK CASING USED:

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

Blank casing diameter **5** in. Was casing pulled? Yes _____ No ☒ **X** If yes, how much _____
 Casing height above or below land surface **48** in.

6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____

Grout Plug Intervals From **0** ft. to **6** 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	Not Available
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
152	150		Fill Sand and Chlorine
150	6		Clay
6	0		Cement Grout

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/yr) **11-19-05** 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) **11-22-05** under the business name of **Woofert Pump & Well Inc.**
 by (signature) *Gay C. Woofert*

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.