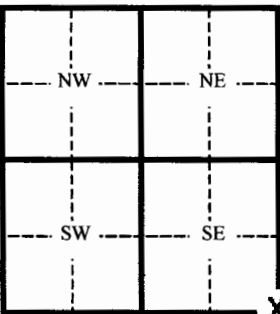
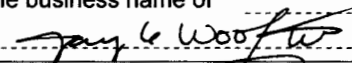


1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number																																
County: Graham	SE ¼ SE ¼ SE ¼	11	8S	23W																																
Distance and direction from nearest town or city street address of well if located within city? 406 W Main Hill City, Kansas																																				
2 WATER WELL OWNER: Dexter Potter																																				
RR#, St. Address, Box #		Board of Agriculture, Division of Water Resources																																		
c/o First State Bank PO Box 369		Application Number:																																		
City, State, ZIP Code		Hill City, KS 67642																																		
3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:																																				
N  S		4 DEPTH OF WELL 51.5 ft. WELL'S STATIC WATER LEVEL _____ 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="radio"/> 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 _____</td></tr></table> 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"/>			1 Domestic	5 Public Water Supply	9 Dewatering	2 Irrigation	6 Oil Field Water Supply	<input checked="" type="radio"/> 10 Monitoring Well	3 Feedlot	7 Lawn and Garden (domestic)	11 Injection Well	4 Industrial	8 Air Conditioning	12 Other _____																				
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5 TYPE OF BLANK CASING USED: <table style="width:100%;"><tr><td>1 Steel</td><td>3 RMP (SR)</td><td>5 Wrought</td><td>7 Fiberglass</td><td>9 Other (specify below)</td></tr><tr><td><input checked="" type="radio"/> 2 PVC</td><td>4 ABC</td><td>6 Asbestos-Cement</td><td>8 Concrete Tile</td><td></td></tr></table> Blank casing diameter 2 in. Was casing pulled? Yes _____ No <input checked="" type="checkbox"/> If yes, how much _____ Casing height above or below land surface -36 in.					1 Steel	3 RMP (SR)	5 Wrought	7 Fiberglass	9 Other (specify below)	<input checked="" type="radio"/> 2 PVC	4 ABC	6 Asbestos-Cement	8 Concrete Tile																							
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6 GROUT PLUG MATERIAL: <input checked="" type="radio"/> 1 Neat cement 2 Cement grout <input checked="" type="radio"/> 3 Bentonite 4 Other _____ Grout Plug Intervals From 0 ft. to 3 ft. From 3 ft. to 51.5 ft. From _____ ft. to _____ ft. What is the nearest source of possible contamination: <table style="width:100%;"><tr><td>1 Septic tank</td><td>6 Seepage pit</td><td>11 Fuel storage</td><td>16 Other (specify below)</td></tr><tr><td>2 Sewer lines</td><td>7 Pit privy</td><td>12 Fertilizer storage</td><td>Contaminated Site</td></tr><tr><td>3 Watertight sewer lines</td><td>8 Sewage lagoon</td><td>13 Insecticide storage</td><td></td></tr><tr><td>4 Lateral lines</td><td>9 Feedyard</td><td>14 Abandoned water well</td><td></td></tr><tr><td>5 Cess Pool</td><td>10 Livestock pens</td><td>15 Oil well/ Gas well</td><td></td></tr></table> Direction from well? _____ How many feet? _____					1 Septic tank	6 Seepage pit	11 Fuel storage	16 Other (specify below)	2 Sewer lines	7 Pit privy	12 Fertilizer storage	Contaminated Site	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													
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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) 10/24/05 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) 12/2/05 under the business name of Woofert Pump & Well 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.																																				