

1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: Thomas	NE ¼ NE ¼ NE ¼	9	8	31w

Distance and direction from nearest town or city street address of well if located within city?

2 WATER WELL OWNER: Gary & Janice Baalman, LP	Board of Agriculture, Division of Water Resources Application Number: 32244
RR#, St. Address, Box # HC 1 Box 62	
City, State, ZIP Code : Menlo, KS 67753	

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

4 DEPTH OF WELL **260** ft.WELL'S STATIC WATER LEVEL **162** ft.

WELL WAS USED AS:

- | | | |
|---|--|--|
| <input type="radio"/> 1 Domestic | <input type="radio"/> 5 Public Water Supply | <input type="radio"/> 9 Dewatering |
| <input checked="" type="radio"/> 2 Irrigation | <input type="radio"/> 6 Oil Field Water Supply | <input type="radio"/> 10 Monitoring Well |
| <input type="radio"/> 3 Feedlot | <input type="radio"/> 7 Lawn and Garden (domestic) | <input type="radio"/> 11 Injection Well |
| <input type="radio"/> 4 Industrial | <input type="radio"/> 8 Air Conditioning | <input type="radio"/> 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 **X** No ___

5 TYPE OF BLANK CASING USED:

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

Blank casing diameter **16** in. Was casing pulled? Yes ___ No **X** If yes, how muchCasing height above or below land surface **-36** in.

6 GROUT PLUG MATERIAL:	<input type="radio"/> 1 Neat cement	<input type="radio"/> 2 Cement grout	<input checked="" type="radio"/> 3 Bentonite	<input type="radio"/> 4 Other
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Grout Plug Intervals From **6** ft. to **3** ft. From ___ ft. to ___ ft. From ___ ft. to ___ ft.

What is the nearest source of possible contamination:

- | | | | |
|--|---|---|--|
| <input type="radio"/> 1 Septic tank | <input type="radio"/> 6 Seepage pit | <input type="radio"/> 11 Fuel storage | <input type="radio"/> 16 Other (specify below) |
| <input type="radio"/> 2 Sewer lines | <input type="radio"/> 7 Pit privy | <input type="radio"/> 12 Fertilizer storage | None |
| <input type="radio"/> 3 Watertight sewer lines | <input type="radio"/> 8 Sewage lagoon | <input type="radio"/> 13 Insecticide storage | |
| <input type="radio"/> 4 Lateral lines | <input type="radio"/> 9 Feedyard | <input type="radio"/> 14 Abandoned water well | |
| <input type="radio"/> 5 Cess Pool | <input type="radio"/> 10 Livestock pens | <input type="radio"/> 15 Oil well/ Gas well | |

Direction from well? _____

How many feet? _____

FROM	TO	CODE	PLUGGING MATERIALS
260	158		Sand - Chlorine
158	6		Clay & Dirt
6	3		Bentonite - Grout
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) 9-1-2006 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) 12-12-06 under the business name of Woofert Pump & Well Inc.
by (signature) <i>Jay C. Woofert by M.R.</i>

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.