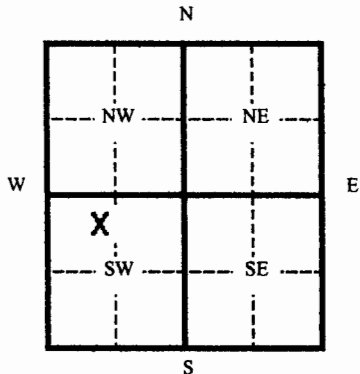


1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: Sheridan	NW ¼ NE ¼ SW ¼	9	9	30

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

2 WATER WELL OWNER: **Mike & Billi J Beckman**
 RR#, St. Address, Box # **HC 1 Box 45** Board of Agriculture, Division of Water Resources
 City, State, ZIP Code : **Selden, KS 67757** Application Number: **9514**

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



4 DEPTH OF WELL **206** ft.

WELL'S STATIC WATER LEVEL **146** ft.

WELL WAS USED AS:

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

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 CASING USED:

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

Blank casing diameter **16** in. Was casing pulled? Yes ___ No If yes, how much _____

Casing height above or below land surface **-36** in.

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

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

Direction from well? _____ How many feet? _____

FROM	TO	CODE	PLUGGING MATERIALS
206	140		Sand - Chlorine
140	6		Clay & Dirt
6	3		Bentonite
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) **8-21-2006** 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) **8-22-2006** under the business name of **Woofter Pump & Well Inc.** by (signature) *Jay C. Woofter by MR*

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.