

1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number																																
County: <b>Thomas</b>	<b>SE</b> 1/4 <b>NE</b> 1/4 <b>SW</b> 1/4	<b>17</b>	<b>9</b>	<b>32W</b>																																
Distance and direction from nearest town or city street address of well if located within city?																																				
2 WATER WELL OWNER: <b>Steinle Farms Inc.</b>																																				
RR#, St. Address, Box # <b>1103 Co Rd 26</b>																																				
City, State, ZIP Code : <b>Colby, KS 67701</b>																																				
Board of Agriculture, Division of Water Resources Application Number:																																				
3 MARK WELL'S LOCATON WITH AN "X" IN SECTION BOX:		4 DEPTH OF WELL <b>155</b> ft.																																		
		WELL'S STATIC WATER LEVEL <b>95</b> ft.																																		
		WELL WAS USED AS:																																		
		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 <b>X</b> If yes, mo/day/yr sample was submitted _____ Water Well Disinfected: Yes <b>X</b> No																																		
5 TYPE OF BLANK CASING USED:																																				
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 <b>4.5</b> in. Was casing pulled? Yes      No <b>X</b> If yes, how much _____																																				
Casing height above or below land surface <b>-36</b> in.																																				
6 GROUT PLUG MATERIAL: 1 Neat cement    2 Cement grout    3 Bentonite    4 Other																																				
Grout Plug Intervals From <b>0</b> ft. to <b>3</b> ft. From <b>92</b> ft. to <b>95</b> 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? _____																																				
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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) <b>3/16/09</b> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <b>783</b> This Water Well Record was completed on (mo/day/yr) <b>3/24/09</b> under the business name of <b>Woofter Pump &amp; Well, Inc.</b> 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.																																				