

1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number								
County: Cheyenne	NE 1/4 NE 1/4 NE 1/4	32	2	41W								
Distance and direction from nearest town or city street address of well if located within city?												
2 WATER WELL OWNER: Clifford Raile												
RR#, St. Address, Box # Rt Box 389												
City, State, ZIP Code : St. Francis, KS 67756-9751												
Board of Agriculture, Division of Water Resources Application Number: 20090033												
3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4 DEPTH OF WELL 280 ft.											
<div style="text-align: center;">N</div> <table border="1" style="margin: auto; border-collapse: collapse;"> <tr> <td style="width: 50px; height: 50px;"></td> <td style="width: 50px; height: 50px; text-align: center;">X</td> </tr> <tr> <td style="text-align: center;">NW</td> <td style="text-align: center;">NE</td> </tr> <tr> <td style="width: 50px; height: 50px;"></td> <td style="width: 50px; height: 50px;"></td> </tr> <tr> <td style="text-align: center;">SW</td> <td style="text-align: center;">SE</td> </tr> </table> <div style="text-align: center;">S</div> <div style="position: absolute; left: -40px; top: 50%; transform: translateY(-50%);">W</div> <div style="position: absolute; right: -40px; top: 50%; transform: translateY(-50%);">E</div>		X	NW	NE			SW	SE	WELL'S STATIC WATER LEVEL 250 ft.			
		X										
	NW	NE										
SW	SE											
WELL WAS USED AS:												
<div style="display: flex; justify-content: space-between;"> <div> 1 Domestic 2 Irrigation 3 Feedlot 4 Industrial </div> <div> 5 Public Water Supply 6 Oil Field Water Supply 7 Lawn and Garden (domestic) 8 Air Conditioning </div> <div> 9 Dewatering 10 Monitoring Well 11 Injection Well 12 Other </div> </div>												
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:												
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 4.5 in. Was casing pulled? Yes ___ No X 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 3 ft. to 6 ft. From 247 ft. to 250 ft. From _____ ft. to _____ ft.												
What is the nearest source of possible contamination:												
<div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;">1 Septic tank</div> <div style="width: 33%;">6 Seepage pit</div> <div style="width: 33%;">11 Fuel storage</div> <div style="width: 33%;">16 Other (specify below)</div> <div style="width: 33%;">2 Sewer lines</div> <div style="width: 33%;">7 Pit privy</div> <div style="width: 33%;">12 Fertilizer storage</div> <div style="width: 33%;">13 Insecticide storage</div> <div style="width: 33%;">3 Watertight sewer lines</div> <div style="width: 33%;">8 Sewage lagoon</div> <div style="width: 33%;">14 Abandoned water well</div> <div style="width: 33%;">4 Lateral lines</div> <div style="width: 33%;">9 Feedyard</div> <div style="width: 33%;">15 Oil well/ Gas well</div> <div style="width: 33%;">5 Cess Pool</div> <div style="width: 33%;">10 Livestock pens</div> </div>												
Direction from well? _____ How many feet? _____												
FROM	TO	CODE	PLUGGING MATERIALS									
0	3		Clay									
3	6		Bentonite									
6	247		Clay									
247	250		Bentonite									
250	280		Clorinated Sand									
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/yr) 3/03/09 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 783 This Water Well Record was completed on (mo/day/yr) 3-9-09 under the business name of Woofter Pump & Well Inc. by (signature) <i>[Signature]</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.												