

1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: <u>Stevens</u>	<b>SW 1/4 SW 1/4 NE 1/4</b>	<b>16</b>	<b>33</b>	<b>37</b>

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

**Rash Oil Co.**

2 WATER WELL OWNER: <b>Mrs. W. S. Ramey</b>	Board of Agriculture, Division of Water Resources
RR#, St. Address, Box # <b>909 N. Maize Rd. #212</b>	Application Number:
City, State, ZIP Code : <b>Wichita, Ks 67212</b>	

3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4 DEPTH OF WELL <b>43.6</b> ft.												
	WELL'S STATIC WATER LEVEL <b>dry</b> ft.  WELL WAS USED AS: <table border="0"> <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="checkbox"/> 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>	1 Domestic	5 Public Water Supply	9 Dewatering	2 Irrigation	6 Oil Field Water Supply	<input checked="" type="checkbox"/> 10 Monitoring Well	3 Feedlot	7 Lawn and Garden (domestic)	11 Injection Well	4 Industrial	8 Air Conditioning	12 Other
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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 ___ No <b>X</b>												

5 TYPE OF BLANK CASING USED:
1 Steel      3 RMP (SR)      5 Wrought      7 Fiberglass      9 Other (specify below) <input checked="" type="checkbox"/> 2 PVC      4 ABC      6 Asbestos-Cement      8 Concrete Tile <b>Overdrilled 3ft</b>
Blank casing diameter <b>2</b> in. Was casing pulled? Yes ___ No ___ If yes, how much _____
Casing height above or below land surface <b>-3 ft</b> in.

6 GROUT PLUG MATERIAL:	1 Neat cement	2 Cement grout	<input checked="" type="checkbox"/> 3 Bentonite	4 Other
Grout Plug Intervals From <b>43.6</b> ft. to <b>3</b> ft. From _____ ft. to _____ 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? \_\_\_\_\_

FROM	TO	CODE	PLUGGING MATERIALS
<b>43.6</b>	<b>3</b>		<b>Bentonite grout</b>
			<b>Overdrilled 3 ft</b>
<b>3</b>	<b>0</b>		<b>backfill</b>

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/yr) <b>03-07-06</b> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <b>554</b> This Water Well Record was completed on (mo/day/yr) <b>4-14-06</b> under the business name of <b>Woofter Pump &amp; Well Inc.</b> by (signature)
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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.