

<b>1 LOCATION OF WATER WELL:</b>		Fraction	Section Number	Township Number	Range Number																																
County: <u>Stevens</u>		<b>SW ¼ SW ¼ 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? <b>Rash Oil Co.</b>																																					
<b>2 WATER WELL OWNER: Mrs. W. S. Ramey</b>																																					
RR#, St. Address, Box # <b>909 N. Maize Rd. #212</b>																																					
City, State, ZIP Code : <b>Wichita, Ks 67212</b>																																					
Board of Agriculture, Division of Water Resources Application Number:																																					
<b>3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:</b>		<b>4 DEPTH OF WELL 89.4 ft.</b>																																			
<div style="text-align: center;">N <table border="1" style="margin: auto; border-collapse: collapse;"><tr><td style="width: 50px; height: 50px;"></td><td style="width: 50px; height: 50px;"></td></tr><tr><td style="width: 50px; height: 50px; text-align: center;">NW</td><td style="width: 50px; height: 50px; text-align: center;">NE</td></tr><tr><td style="width: 50px; height: 50px; text-align: center;">W</td><td style="width: 50px; height: 50px; text-align: center;">E</td></tr><tr><td style="width: 50px; height: 50px; text-align: center;">SW</td><td style="width: 50px; height: 50px; text-align: center;">SE</td></tr><tr><td colspan="2" style="text-align: center;">S</td></tr></table></div>				NW	NE	W	E	SW	SE	S		<b>WELL'S STATIC WATER LEVEL dry ft.</b>																									
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<b>WELL WAS USED AS:</b>																																					
<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 <input checked="" type="checkbox"/> 10 Monitoring Well 11 Injection Well 12 Other</div></div>																																					
Was a chemical/bacteriological sample submitted to Department? Yes No <input checked="" type="checkbox"/>																																					
If yes, mo/day/yr sample was submitted																																					
Water Well Disinfected: Yes No <input checked="" type="checkbox"/>																																					
<b>5 TYPE OF BLANK CASING USED:</b>																																					
<div style="display: flex; justify-content: space-between;"><div>1 Steel <input checked="" type="checkbox"/> 2 PVC</div><div>3 RMP (SR) 4 ABC</div><div>5 Wrought 6 Asbestos-Cement</div><div>7 Fiberglass 8 Concrete Tile</div><div>9 Other (specify below) <b>Overdrilled 3ft</b></div></div>																																					
Blank casing diameter <u>2</u> in. Was casing pulled? Yes No If yes, how much																																					
Casing height above or below land surface <u>-3 ft</u> in.																																					
<b>6 GROUT PLUG MATERIAL:</b> 1 Neat cement 2 Cement grout <input checked="" type="checkbox"/> 3 Bentonite 4 Other																																					
Grout Plug Intervals From <u>89.4</u> ft. to <u>3</u> ft. From ft. to ft. From ft. to ft.																																					
What is the nearest source of possible contamination:																																					
<div style="display: flex; justify-content: space-between;"><div>1 Septic tank 2 Sewer lines 3 Watertight sewer lines 4 Lateral lines 5 Cess Pool</div><div>6 Seepage pit 7 Pit privy 8 Sewage lagoon 9 Feedyard 10 Livestock pens</div><div>11 Fuel storage 12 Fertilizer storage 13 Insecticide storage 14 Abandoned water well 15 Oil well/ Gas well</div><div>16 Other (specify below)</div></div>																																					
Direction from well? How many feet?																																					
<table border="1" style="width:100%; border-collapse: collapse;"><thead><tr><th>FROM</th><th>TO</th><th>CODE</th><th>PLUGGING MATERIALS</th></tr></thead><tbody><tr><td>89.4</td><td>3</td><td></td><td><b>Bentonite grout</b></td></tr><tr><td></td><td></td><td></td><td><b>Overdrilled 3 ft</b></td></tr><tr><td>3</td><td>0</td><td></td><td><b>backfill</b></td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></tbody></table>						FROM	TO	CODE	PLUGGING MATERIALS	89.4	3		<b>Bentonite grout</b>				<b>Overdrilled 3 ft</b>	3	0		<b>backfill</b>																
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<b>7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:</b> This water well was plugged under my jurisdiction and was completed on (mo/day/yr) <u>03-07-06</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>554</u> This Water Well Record was completed on (mo/day/yr) <u>4-14-06</u> under the business name of <u>Woofert Pump &amp; Well Inc.</u> by (signature)																																					
<b>INSTRUCTIONS:</b> 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.																																					