

1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: <u>Stevens</u>	SW $\frac{1}{4}$ SW $\frac{1}{4}$ NE $\frac{1}{4}$	16	33	37

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

Rash Oil Co.

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

3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4 DEPTH OF WELL 48 ft.																					
<div style="text-align: center;">N</div> <table border="1"> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td>NW</td> <td>X</td> <td>NE</td> </tr> <tr> <td>SW</td> <td></td> <td>SE</td> </tr> </table> <div style="text-align: center;">S</div>				NW	X	NE	SW		SE	WELL'S STATIC WATER LEVEL dry ft. WELL WAS USED AS: <table> <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
NW	X	NE																				
SW		SE																				
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																				
	Was a chemical/bacteriological sample submitted to Department? Yes _____ No X If yes, mo/day/yr sample was submitted _____ Water Well Disinfected: Yes _____ No X																					

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 Overdrilled 3ft Blank casing diameter 2 in. Was casing pulled? Yes _____ No _____ If yes, how much _____ Casing height above or below land surface -3 ft in.

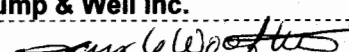
6 GROUT PLUG MATERIAL:	1 Neat cement	2 Cement grout	<input checked="" type="checkbox"/> 3 Bentonite	4 Other
Grout Plug Intervals	From 48 ft. to 3 ft.	From _____ ft. to _____ ft.	From _____ ft. to _____ ft.	

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
48	3		Bentonite grout
			Overdrilled 3 ft
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) 03-08-06 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) 4-14-06 under the business name of Woofert Pump & Well Inc.
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.