

1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number																				
County: <u>Stevens</u>	SW 1/4 SW 1/4 NE 1/4	16	33	37																				
Distance and direction from nearest town or city street address of well if located within city?																								
2 WATER WELL OWNER: Mrs. W. S. Ramey																								
RR#, St. Address, Box # 909 N. Maize Rd. #212																								
City, State, ZIP Code : Wichita, Ks 67212																								
Board of Agriculture, Division of Water Resources Application Number:																								
3 MARK WELL'S LOCATON WITH AN "X" IN SECTION BOX:		4 DEPTH OF WELL 98.6 ft.																						
N <table border="1" style="margin: auto; border-collapse: collapse;"> <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;">SW</td> <td style="width: 50px; height: 50px; text-align: center;">SE</td> </tr> </table> S W E X		NW	NE	SW	SE	WELL'S STATIC WATER LEVEL dry ft.																		
		NW	NE																					
		SW	SE																					
		WELL WAS USED AS:																						
<table style="width:100%;"> <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>☒ 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	☒ 10 Monitoring Well	3 Feedlot	7 Lawn and Garden (domestic)	11 Injection Well	4 Industrial	8 Air Conditioning	12 Other _____										
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Was a chemical/bacteriological sample submitted to Department? Yes _____ No ☒																								
If yes, mo/day/yr sample was submitted _____																								
Water Well Disinfected: Yes _____ No ☒																								
5 TYPE OF BLANK CASING USED:																								
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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 ☒ 3 Bentonite 4 Other _____																								
Grout Plug Intervals From 98.6 ft. to 3 ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.																								
What is the nearest source of possible contamination:																								
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Direction from well? _____		How many feet? _____																						
FROM	TO	CODE	PLUGGING MATERIALS																					
98.6	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) 03-07-06 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.																								