

<b>1</b> LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number												
County: <u>Stevens</u>	<u>SW</u> $\frac{1}{4}$ <u>SW</u> $\frac{1}{4}$ <u>NE</u> $\frac{1}{4}$	<u>16</u>	<u>33</u>	<u>37</u>												
Distance and direction from nearest town or city street address of well if located within city?																
<b>2</b> WATER WELL OWNER: <b>Mrs. W. S. Ramey</b>																
RR#, St. Address, Box # <b>909 N. Maize Rd. #212</b>		Board of Agriculture, Division of Water Resources														
City, State, ZIP Code : <b>Wichita, Ks 67212</b>		Application Number:														
<b>3</b> MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:	<b>4</b> DEPTH OF WELL <u>101.6</u> ft.															
<div style="text-align: center;">N <table border="1" style="margin: auto; border-collapse: collapse;"><tr><td style="width: 20px; text-align: center;">W</td><td style="width: 100px; height: 100px; position: relative;"><div style="position: absolute; top: 50%; left: 50%; transform: translate(-50%, -50%); font-size: 2em;">X</div></td><td style="width: 20px; text-align: center;">E</td></tr><tr><td style="text-align: center;">NW</td><td style="text-align: center;">NE</td><td></td></tr><tr><td style="text-align: center;">SW</td><td style="text-align: center;">SE</td><td></td></tr><tr><td style="text-align: center;">S</td><td></td><td></td></tr></table></div>	W	<div style="position: absolute; top: 50%; left: 50%; transform: translate(-50%, -50%); font-size: 2em;">X</div>	E	NW	NE		SW	SE		S			WELL'S STATIC WATER LEVEL <u>dry</u> ft.			
	W	<div style="position: absolute; top: 50%; left: 50%; transform: translate(-50%, -50%); font-size: 2em;">X</div>	E													
	NW	NE														
	SW	SE														
	S															
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 <input checked="" type="checkbox"/> 10 Monitoring Well 11 Injection Well 12 Other</div></div>																
Was a chemical/bacteriological sample submitted to Department? Yes No <u>X</u>																
If yes, mo/day/yr sample was submitted																
Water Well Disinfected: Yes No <u>X</u>																
<b>5</b> TYPE OF BLANK CASING USED:																
<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>4</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</b> GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout <input checked="" type="checkbox"/> 3 Bentonite 4 Other																
Grout Plug Intervals From <u>101.6</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?																
FROM	TO	CODE	PLUGGING MATERIALS													
<u>101.6</u>	<u>3</u>		<b>Bentonite grout</b>													
			<b>Overdrilled 3 ft</b>													
<u>3</u>	<u>0</u>		<b>backfill</b>													
<b>7</b> CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: 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>Woofter Pump &amp; Well Inc.</u> by (signature) <u>[Signature]</u>																
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.																