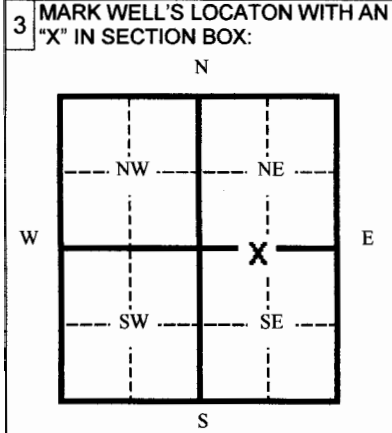


1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: <b>Rawlins</b>	<b>NE ¼ NW ¼ SE ¼</b>	<b>8</b>	<b>3</b>	<b>33</b>

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

2 WATER WELL OWNER: **MacFee Oil Co**  
 RR#, St. Address, Box # **707 South 3<sup>rd</sup>**  
 City, State, ZIP Code : **Atwood, Ks 67730**

Board of Agriculture, Division of Water Resources  
 Application Number: TH-2R



4 DEPTH OF WELL **25** ft.  
 WELL'S STATIC WATER LEVEL **NA** ft.

WELL WAS USED AS:

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 \_\_\_\_\_  
 If yes, mo/day/yr sample was submitted \_\_\_\_\_  
 Water Well Disinfected: Yes \_\_\_\_\_ No \_\_\_\_\_

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	

Blank casing diameter \_\_\_\_\_ in. Was casing pulled? Yes  No \_\_\_\_\_ If yes, how much **20** \_\_\_\_\_  
 Casing height above or below land surface **0** in.

6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout  3 Bentonite 4 Other \_\_\_\_\_

Grout Plug Intervals From \_\_\_\_\_ ft. to \_\_\_\_\_ 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>25</b>	<b>20</b>		<b>Pulled casing</b>
<b>20</b>	<b>1</b>		<b>Bentonite chips</b>
<b>1</b>	<b>0</b>		<b>topsoil</b>

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/yr) **11-15-05** 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) **02-17-05** under the business name of **Woofter 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.