

1	LOCATION OF WATER WELL: Fraction	Section Number	Township Number	Range Number
County: Rawlins	NE 1/4 NW 1/4 SE 1/4	8	3	33

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 3rd**
 City, State, ZIP Code : **Atwood, Ks 67730**

Board of Agriculture, Division of Water Resources
 Application Number: **SVE 3**

3 MARK WELL'S LOCATON WITH AN "X" IN SECTION BOX:

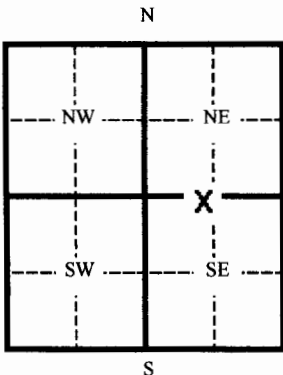
4 DEPTH OF WELL **25** ft.

WELL'S STATIC WATER LEVEL **NA** ft.

WELL WAS USED AS:

- 1 Domestic
- 2 Irrigation
- 3 Feedlot
- 4 Industrial
- 5 Public Water Supply
- 6 Oil Field Water Supply
- 7 Lawn and Garden (domestic)
- 8 Air Conditioning
- 9 Dewatering
- 10 Monitoring Well
- 11 Injection Well
- 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
- 2 Sewer lines
- 3 Watertight sewer lines
- 4 Lateral lines
- 5 Cess Pool
- 6 Seepage pit
- 7 Pit privy
- 8 Sewage lagoon
- 9 Feedyard
- 10 Livestock pens
- 11 Fuel storage
- 12 Fertilizer storage
- 13 Insecticide storage
- 14 Abandoned water well
- 15 Oil well/ Gas well
- 16 Other (specify below) _____

Direction from well? _____ How many feet? _____

FROM	TO	CODE	PLUGGING MATERIALS
25	20		Pulled casing
20	1		Bentonite chips
1	0		topsoil

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) *Jay C. Woofter*

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.