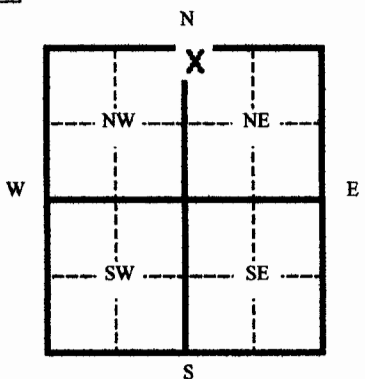


1 LOCATION OF WATER WELL: Fraction Section Number Township Number Range Number
 County: **Rawlins** NW ¼ NW ¼ NE ¼ **8** **3** **33**

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

2 WATER WELL OWNER: **Ginther Oil**
 RR#, St. Address, Box # **102 Grant** Board of Agriculture, Division of Water Resources
 City, State, ZIP Code : **Atwood, KS 67730** Application Number:

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



4 DEPTH OF WELL **18** ft.

WELL'S STATIC WATER LEVEL **Dry** 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 2 PVC 3 RMP (SR) 4 ABC 5 Wrought 6 Asbestos-Cement 7 Fiberglass 8 Concrete Tile 9 Other (specify below)
 Blank casing diameter _____ in. Was casing pulled? Yes No ___ if yes, how much **3**
 Casing height above or below land surface **-36** 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
3	0		Pulled Casing
18	0		Gravel

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/yr) **5-22-07** 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) **6-18-07** under the business name of **Woofter Pump & Well Inc.**
 by (signature) *Susan 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.