

1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: Rawlins	NW 1/4 NW 1/4 NE 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: **Ginther Oil**
 RR#, St. Address, Box # **102 Grant**
 City, State, ZIP Code : **Atwood, KS 67730**

Board of Agriculture, Division of Water Resources
 Application Number:

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

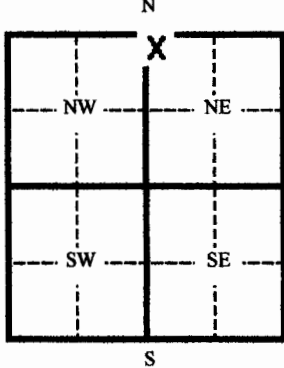
4 DEPTH OF WELL **17.4** ft.
 WELL'S STATIC WATER LEVEL **Dry** ft.
 WELL WAS USED AS:

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)
2 PVC	4 ABC	6 Asbestos-Cement	8 Concrete Tile	

Blank casing diameter in. Was casing pulled? Yes No If yes, how much

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 | 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
17.4	.5		Cement
.5	0		Topsoil

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) *Greg G. Woofter by Susan Woofter POA*

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.