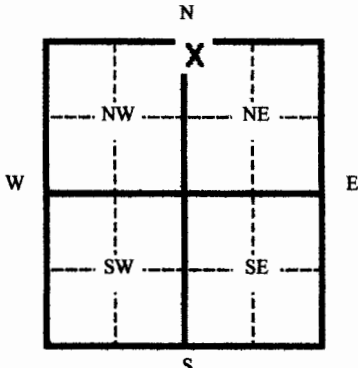


1 LOCATION OF WATER WELL: Fraction **NW 1/4 NW 1/4 NE 1/4** Section Number **8** Township Number **3** Range Number **33**
 County: **Rawlins**

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 **15.14** 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 ft**
 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 | .5 | | Pulled Casing |
| .5 | 0 | | Grass |
| 5 | 15.14 | | 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) *Gay L Woofter by Susan Woofter PA*

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.