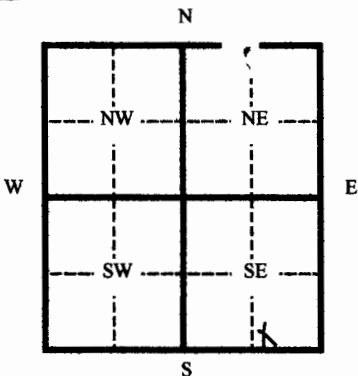


1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: <b>Rawlins</b>	<b>SW 1/4 SE 1/4 SE 1/4</b>	<b>8</b>	<b>3</b>	<b>33</b>

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

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

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



4 DEPTH OF WELL **19.39** 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 **X** If yes, how much \_\_\_\_\_  
 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
19.39	.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) **5/23/07** 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**  
 by (signature) *Susan Woofler* /under the business name of **Woofler Pump & Well Inc.**

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.