

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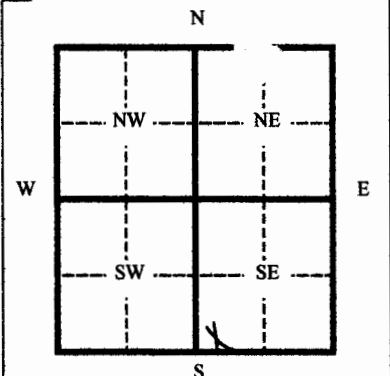
County: **Rawlins**

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

2 WATER WELL OWNER: **Chvatal Oil**  
 RR#, St. Address, Box # **209 Grant St**  
 City, State, ZIP Code : **Atwood, KS 67730**

Board of Agriculture, Division of Water Resources  
 Application Number:

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



4 DEPTH OF WELL 16.2 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 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
16.2	.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) Jay C. 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.