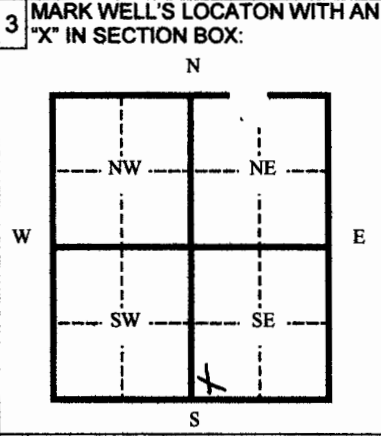


1 LOCATION OF WATER WELL: Fraction	Section Number	Township Number	Range Number
County: Rawlins SW 1/4 SW 1/4 SE 1/4	8	3	33

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

2 WATER WELL OWNER: **Chvatal Oil**
 RR#, St. Address, Box # **209 Grant St** Board of Agriculture, Division of Water Resources
 City, State, ZIP Code : **Atwood, KS 67730** Application Number:



4 DEPTH OF WELL **17.27** ft.
 WELL'S STATIC WATER LEVEL **16.05** 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 **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	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
3	0		Pulled Casing
17.27	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) _____
 by (signature) *Susan Woofen* /under the business name of **Woofen 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.