Section Number   Township Number   Range Number   County, Rawiline   Su	V	VATER WE	LL PLU	GING	RECORD	Form	WWC-5P	K\$A 82a-1212	ID No. MW-21	
Distance and direction from nearest town or city street address of well if located within city?  2   WATER WELL OWNER*   Risk Address Ros* 20   Corant St.	1 LOCATIO	ON OF WAT	ER WELL	: Fr	action			Section Number	Township Number	Range Number
2   WATER WELL CWINER: Chvatal Oil   RRW St. Address, Box # 209 Grant St	County: F	Rawlins			SW 1/4	SW 1/2	4 SE 1/4	8	3	33
RRM; SL Address, Box # 209 Grant St Board of Agriculture, Division of Water Resources Application Number:    Mark Well's LOCATON WITHAN	Distance a	nd direction	n from n	earest	town or city	street addre	ess of well if lo	ocated within city?		
City, State, ZIP Code							<del></del>	Poord	of Agriculture Division	of Water Persures
3 MARK WELL'S LOCATON WITH AN   WELL'S STATIC WATER LEVEL						10			•	101 Water Resources
WELL'S STATIC WATER LEVEL Dry ft.  WELL WAS USED AS:  1 Domestic 5 Public Water Supply [10] Monitoring Well 10] Monitoring Well 11 Injection Well 12 Cither 12 Cither 12 Cither 13 RM (Fig. 12) Monitoring Well 12 Cither 14 Industrial 8 Air Conditioning 12 Cither 14 Industrial 8 Air Conditioning 12 Cither 15 No. If yes, modifyer ample was submitted Water Well Disinfected: Yes No. If yes, how much 12 Cither 13 RM (Fig.	3 MARK W	ELL'S LOCA	ATON WI	TH AN						
WELL'S STATIC WATER LEVEL Dry ft.  WELL WAS USED AS:  WELL WAS USED AS:  1 Domestic 5 Public Water Supply 10] Monitoring Well 3 Feediot 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 Was a chemical/bacteriological sample was submitted Water Well Disinfected: Yes No Service Was a chemical/bacteriological sample submitted Water Well Disinfected: Yes No Service Was a chemical/bacteriological sample was submitted Water Well Disinfected: Yes No Service Was a chemical/bacteriological sample was submitted Water Well Disinfected: Yes No Service Was Air Was a chemical/bacteriological sample was submitted Water Well Disinfected: Yes No Service Was Air Was a chemical/bacteriological sample was submitted Water Well Disinfected: Yes No Service Was Air Was action of the Was action of t	"X" IN SE		<b>X</b> :		DEPTH	OF WELL		4.Z ft.		
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3 Feedlot 7 Lawn and Garden (domestic) 11 Injection Well 12 Other 12 Other 12 Other 12 Other 15 No  SE		i	i		1	Domestic	5 Pub	lic Water Supply	9 Dewateri	ng
4 Industrial 8 Air Conditioning 12 Other  Was a chemicalbacteriological sample submitted to Department? Yes No  If yes, moldaylyr sample was submitted to Department? Yes No  If yes, moldaylyr sample was submitted to Department? Yes No  If yes, moldaylyr sample was submitted to Department? Yes No  If yes, moldaylyr sample was submitted to Department? Yes No  If yes, moldaylyr sample was submitted to Department? Yes No  If yes, moldaylyr sample was submitted to Department? Yes No  If yes, moldaylyr sample was submitted to Department? Yes No  If yes, how much 6 ft Other (specify below)  If yes, how much 6 ft Other (specify	w			Е					-	~
Was a chemical/bacteriological sample submitted to Department?   Yes   No   If yes, molday/yr sample was submitted   Water Well Disinfected: Yes   No   S   S   S   Wought   Yes   No   S   S   S   S   S   S   S   S   S					ŀ			·		
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Water Well Disinfected: Yes No   No		i	- 32 i							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 X No if yes, how much 6 ft.  Casing height above or below land surface 72 in.  5 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other  Grout Plug Intervals From ft. to ft. Fro			1							
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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 6 0 Pulled Casing 14.2 0 Gravel  7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/yr) sold 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)  Lo-18-01 /under the business name of Woofter Pump & Well Inc.  INSTRUCTIONS: Please fill in blanks and circle the correct answers. Send three copies to Kansas Department of Health and	2 Sewer lines			7	Pit privy		12 Fertil	izer storage		
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How many feet?   FROM   TO   CODE   PLUGGING MATERIALS				•						
FROM TO CODE PLUGGING MATERIALS  6 0 Pulled Casing  14.2 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)  6-18-07 /under the business name of Woofter Pump & Well Inc.  by (signature)	5 Ces	ss Pool		10	Livestock per	ns	15 Oil w	ell/ Gas well		
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INSTRUCTIONS: Please fill in blanks and circle the correct answers. Send three copies to Kansas Department of Health and	by		.W.l	·····		oft	her Stir	on Woolth D	DA	:::::
Environment, Bureau of Water, 1000 S W Jackson St., Ste. 420, Topeka, Kansas 66620-0001. Telephone: 785-296-3565.	1									tment of Health and
Send one to Water Well Owner and retain one for your records.	Envir	onment, B	ureau o	Wate	r, 1000 S W	/ Jackson S	St., Ste. 420,	Topeka, Kansas 66	620-0001. Telephone	e: 785-296-3565.