

1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: Cheyenne	NW 1/4 SW 1/4 NW 1/4	27	3S	40W

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

2 WATER WELL OWNER: **St. Francis KDOT**
 RR#, St. Address, Box # **Rt 1, Box 297** Board of Agriculture, Division of Water Resources
 City, State, ZIP Code : **St. Francis, KS 67756** Application Number:

3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4 DEPTH OF WELL 20 ft.
	WELL'S STATIC WATER LEVEL NA ft.
	WELL WAS USED AS:
	1 Domestic 5 Public Water Supply 9 Dewatering 2 Irrigation 6 Oil Field Water Supply 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 X If yes, mo/day/yr sample was submitted _____ Water Well Disinfected: Yes ___ No X

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 **2** in. Was casing pulled? Yes ___ No **X** If yes, how much **Overdrilled 20 FT**

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 **1** ft. to **20** 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	None
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
20	3		Bentonite
3	0		Native Soils

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/yr) **3/1/06** 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) _____ under the business name of **Woofter Pump & Well, Inc** by (signature) *[Signature]*

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.