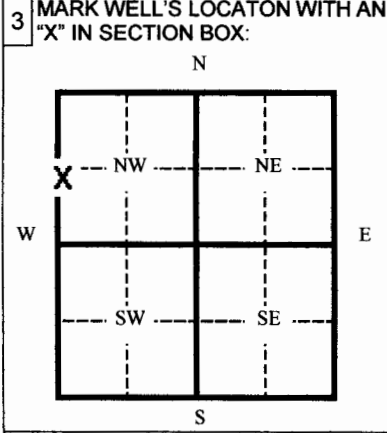


1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: <b>Cheyenne</b>	<b>NW ¼ SW ¼ NW ¼</b>	<b>27</b>	<b>3S</b>	<b>40W</b>

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**  
 City, State, ZIP Code : **St. Francis, KS 67756**  
 Board of Agriculture, Division of Water Resources  
 Application Number:



4 DEPTH OF WELL ..... **16** ..... 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 16 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 **16** 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
<b>16</b>	<b>3</b>		<b>Bentonite</b>
<b>3</b>	<b>0</b>		<b>Asphalt</b>

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) *Gayle Woofter*

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.