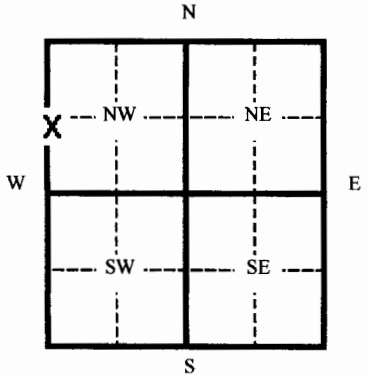


1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: <b>Cheyenne</b>	<b>NW 1/4 SW 1/4 NW 1/4</b>	<b>27</b>	<b>3S</b>	<b>40W</b>

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:

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



4 DEPTH OF WELL **19** 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 19 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 **19** 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>19</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) **2/28/06** 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) \_\_\_\_\_

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.