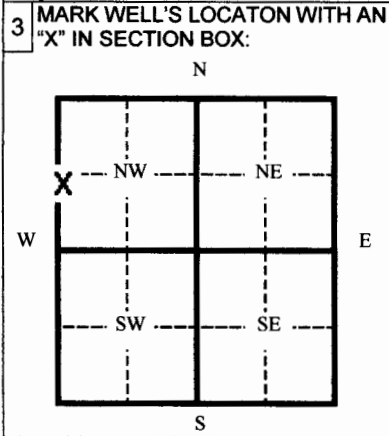


1 LOCATION OF WATER WELL: Fraction	Section Number	Township Number	Range Number
County: <b>Cheyenne</b> NW ¼ SW ¼ NW ¼	<b>27</b>	<b>3 S</b>	<b>40 W</b>

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 **17.5** ft.  
 WELL'S STATIC WATER LEVEL **12.8** 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 \_\_\_\_\_ in. Was casing pulled? Yes \_\_\_ No **X** If yes, how much **Overdrilled to 17.5**  
 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 **17.5** 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>17.5</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) *Jan L. 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.