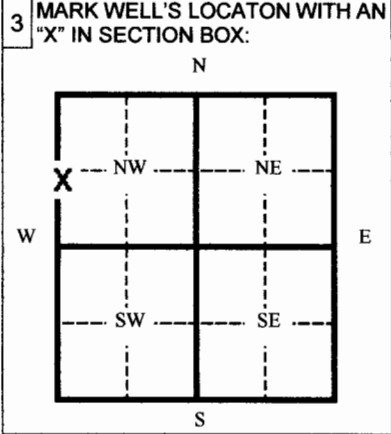


1 LOCATION OF WATER WELL: Fraction **NW 1/4 SW 1/4 NW 1/4** Section Number **27** Township Number **3S** Range Number **40W**
 County: **Cheyenne**
 Distance and direction from nearest town or city street address of well if located within city?

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:



4 DEPTH OF WELL **21** ft.
 WELL'S STATIC WATER LEVEL **14** ft.
 WELL WAS USED AS:
 1 Domestic 2 Irrigation 3 Feedlot 4 Industrial 5 Public Water Supply 6 Oil Field Water Supply 7 Lawn and Garden (domestic) 8 Air Conditioning 9 Dewatering 10 **Monitoring Well** 11 Injection Well 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 2 **PVC** 3 RMP (SR) 4 ABC 5 Wrought 6 Asbestos-Cement 7 Fiberglass 8 Concrete Tile 9 Other (specify below)
 Blank casing diameter **2** in. Was casing pulled? Yes **X** No ___ If yes, how much **20 ft—overdrilled to 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 **21** ft. From ___ ft. to ___ ft. From ___ ft. to ___ ft.
 What is the nearest source of possible contamination:
 1 Septic tank 2 Sewer lines 3 Watertight sewer lines 4 Lateral lines 5 Cess Pool 6 Seepage pit 7 Pit privy 8 Sewage lagoon 9 Feedyard 10 Livestock pens 11 Fuel storage 12 Fertilizer storage 13 Insecticide storage 14 Abandoned water well 15 Oil well/ Gas well 16 Other (specify below) **None**

Direction from well? _____ How many feet? _____

FROM	TO	CODE	PLUGGING MATERIALS
21	3		Bentonite
3	0		Native Grass

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) *Paul G. 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.