

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:

3 MARK WELL'S LOCATON WITH AN "X" IN SECTION BOX:	4 DEPTH OF WELL <u>20</u> ft.
	WELL'S STATIC WATER LEVEL <u>12.8</u> 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 <b>X</b>	
If yes, mo/day/yr sample was submitted _____	
Water Well Disinfected: Yes _____ No <b>X</b>	

5 TYPE OF BLANK CASING USED:

1 Steel	3 RMP (SR)	5 Wrought	7 Fiberglass	9 Other (specify below)
<b>2 PVC</b>	4 ABC	6 Asbestos-Cement	8 Concrete Tile	

Blank casing diameter 4 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	<b>None</b>
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>20</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.