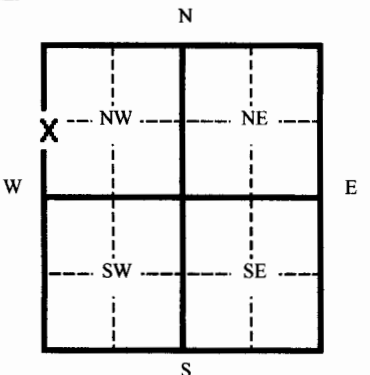


1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: Cheyenne	NW 1/4 SW 1/4 NW 1/4	27	3S	40W

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:

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



4 DEPTH OF WELL **20** ft.
 WELL'S STATIC WATER LEVEL **14.9** 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 Extraction Well**

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 **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 **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
20	3		Bentonite
3	0		Native Soils

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) *Jay 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.