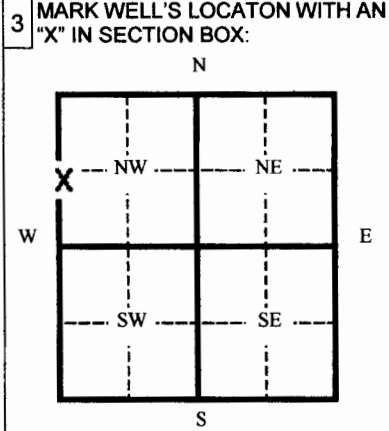


1 LOCATION OF WATER WELL: Fraction **NW 1/4 SW 1/4 NW 1/4** Section Number **27** Township Number **3S** Range Number **40W**  
 County: **Cheyenne**  
 Distance and direction from nearest town or city street address of well if located within city?

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 **15** 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 **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 15 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 **15** 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
15	3		Bentonite
3	0		Asphalt

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) *Spring W. 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.