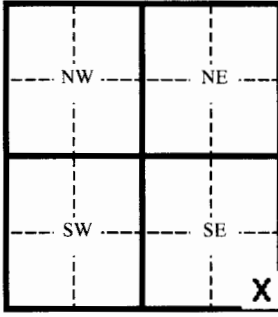


1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: Sheridan	SE 1/4 SE 1/4 SE 1/4	7	7	28W

Distance and direction from nearest town or city street address of well if located within city? _____

2 WATER WELL OWNER: **Joan Oelke**
 RR#, St. Address, Box # **1025 3rd St**
 City, State, ZIP Code : **Hoxie, Ks 67740**

Board of Agriculture, Division of Water Resources
Application Number: _____

3 MARK WELL'S LOCOTON WITH AN "X" IN SECTION BOX:	4 DEPTH OF WELL 190 ft.	
	WELL'S STATIC WATER LEVEL 180 ft.	
	WELL WAS USED AS:	
	<input checked="" type="checkbox"/> 1 Domestic <input type="checkbox"/> 2 Irrigation <input type="checkbox"/> 3 Feedlot <input type="checkbox"/> 4 Industrial	<input type="checkbox"/> 5 Public Water Supply <input type="checkbox"/> 6 Oil Field Water Supply <input type="checkbox"/> 7 Lawn and Garden (domestic) <input type="checkbox"/> 8 Air Conditioning
		<input type="checkbox"/> 9 Dewatering <input type="checkbox"/> 10 Monitoring Well <input type="checkbox"/> 11 Injection Well <input type="checkbox"/> 12 Other
	Was a chemical/bacteriological sample submitted to Department?	Yes _____ No <input checked="" type="checkbox"/>
	If yes, mo/day/yr sample was submitted _____	
	Water Well Disinfected: Yes <input checked="" type="checkbox"/> No _____	

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 **4.5** in. Was casing pulled? Yes _____ No If yes, how much _____

Casing height above or below land surface **-36** in.

6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____

Grout Plug Intervals From **3** ft. to **6** 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	
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
0	3		Clay
3	6		Bentonite
6	177		Clay
177	180		Bentonite
180	190		Chlorinated Sand

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/yr) **3/23/09** and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **783** This Water Well Record was completed on (mo/day/yr) **3-27-09** under the business name of **Woofter Pump & Well, Inc.** by (signature) *[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.