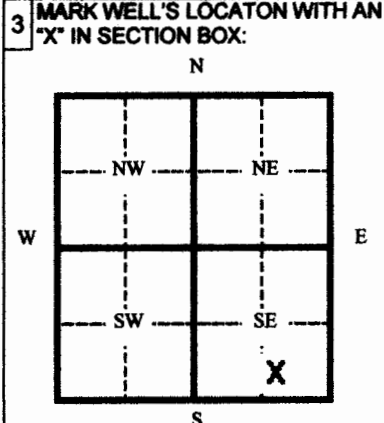


1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: Sherman	SW ¼ SE ¼ SE ¼	24	8	40W

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

2 WATER WELL OWNER: **Frontier Ag**
 RR#, St. Address, Box # **1202 W Hwy 24**
 City, State, ZIP Code : **Goodland, KS 67735**
 Board of Agriculture, Division of Water Resources
 Application Number:



4 DEPTH OF WELL **210** ft.
 WELL'S STATIC WATER LEVEL _____ 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 **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 _____
 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 **1** ft. to **210** 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 | Contaminated Site |
| 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	1		Cement
1	210		Bentonite Grout

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/yr) **8-7-08** 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) **8-13-08** 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.