

1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: Gray	NW	NW ¼ SE ¼ NE ¼	11	26
Distance and direction from nearest town or city street address of well if located within city?				

2 WATER WELL OWNER: Grasser Oil	Board of Agriculture, Division of Water Resources
RR#, St. Address, Box #	Application Number:
City, State, ZIP Code : Cimmaron, Ks 67835	

3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4 DEPTH OF WELL 65 ft.												
<div style="text-align: center;">N W E S</div> <div style="border: 1px solid black; width: 100px; height: 100px; margin: 10px auto; position: relative;"><div style="position: absolute; top: 0; left: 0; width: 50%; height: 50%; border-right: 1px dashed black; border-bottom: 1px dashed black;"></div><div style="position: absolute; top: 50%; left: 0; width: 50%; height: 50%; border-right: 1px dashed black; border-bottom: 1px dashed black;"></div><div style="position: absolute; top: 0; left: 50%; width: 50%; height: 50%; border-right: 1px dashed black; border-bottom: 1px dashed black;"></div><div style="position: absolute; top: 50%; left: 50%; width: 50%; height: 50%; border-right: 1px dashed black; border-bottom: 1px dashed black;"></div><div style="position: absolute; top: 25%; left: 25%; width: 20%; height: 20%; text-align: center; line-height: 20px;">X</div></div>	WELL'S STATIC WATER LEVEL _____ ft.												
	WELL WAS USED AS:												
	<table><tr><td>1 Domestic</td><td>5 Public Water Supply</td><td>9 Dewatering</td></tr><tr><td>2 Irrigation</td><td>6 Oil Field Water Supply</td><td><input checked="" type="checkbox"/> 10 Monitoring Well</td></tr><tr><td>3 Feedlot</td><td>7 Lawn and Garden (domestic)</td><td>11 Injection Well</td></tr><tr><td>4 Industrial</td><td>8 Air Conditioning</td><td>12 Other _____</td></tr></table>	1 Domestic	5 Public Water Supply	9 Dewatering	2 Irrigation	6 Oil Field Water Supply	<input checked="" type="checkbox"/> 10 Monitoring Well	3 Feedlot	7 Lawn and Garden (domestic)	11 Injection Well	4 Industrial	8 Air Conditioning	12 Other _____
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	Was a chemical/bacteriological sample submitted to Department? Yes _____ No _____												
	If yes, mo/day/yr sample was submitted _____												
	Water Well Disinfected: Yes _____ No _____												

5 TYPE OF BLANK CASING USED:	1 Steel	3 RMP (SR)	5 Wrought	7 Fiberglass	9 Other (specify below)
	<input checked="" type="checkbox"/> 2 PVC	4 ABC	6 Asbestos-Cement	8 Concrete Tile	
Blank casing diameter 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 _____ ft. to _____ ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.																								
What is the nearest source of possible contamination:																								
<table><tr><td>1 Septic tank</td><td>6 Seepage pit</td><td>11 Fuel storage</td><td>16 Other (specify below)</td></tr><tr><td>2 Sewer lines</td><td>7 Pit privy</td><td>12 Fertilizer storage</td><td></td></tr><tr><td>3 Watertight sewer lines</td><td>8 Sewage lagoon</td><td>13 Insecticide storage</td><td></td></tr><tr><td>4 Lateral lines</td><td>9 Feedyard</td><td>14 Abandoned water well</td><td></td></tr><tr><td>5 Cess Pool</td><td>10 Livestock pens</td><td>15 Oil well/ Gas well</td><td></td></tr></table>	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					
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Direction from well? _____	How many feet? _____																							

FROM	TO	CODE	PLUGGING MATERIALS
65	3		Benonite
3	0		topsoil
			Removed pad & 8 ft casing

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/yr) 4-14-05 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) 5-13-05 under the business name of Woofter Pump & Well Inc.
by (signature) <i>Jay C. Woofter</i>

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 66629-0001. Telephone: 785-296-3565. Send one to Water Well Owner and retain one for your records.