

WATER WELL PLUGGING RECORD

Form WWC-5P

KSA 82a-1212

ID No. MW 13

1 LOCATION OF WATER WELL:	Fraction County: Gray nw nw 1/4 se 1/4 ne 1/4	Section Number 11	Township Number 26	Range Number 28
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Distance and direction from nearest town or city street address of well if located within city?

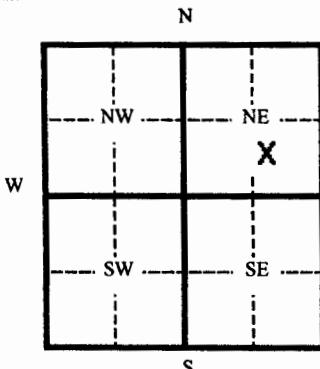
2 WATER WELL OWNER: Grasser Oil

RR#, St. Address, Box #

Board of Agriculture, Division of Water Resources

City, State, ZIP Code : Cimmaron, Ksa 67835

Application Number:

3 MARK WELL'S LOCATON WITH AN "X" IN SECTION BOX:**4**DEPTH OF WELL 48 ft.

WELL'S STATIC WATER LEVEL ft.

WELL WAS USED AS:

1 Domestic	5 Public Water Supply
2 Irrigation	6 Oil Field Water Supply
3 Feedlot	7 Lawn and Garden (domestic)
4 Industrial	8 Air Conditioning

9 Dewatering
10 Monitoring Well
11 Injection Well
12 Other

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 1 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 OtherGrout Plug Intervals From ft. to ft. From ft. to ft. From ft. to ft.

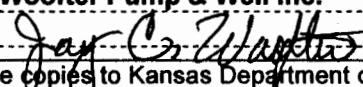
What is the nearest source of possible contamination:

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
48	3		Benonite
3	0		topsoil
			Pulled 28 ft screen & 20 ft casing

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/yr) 4-13-05 and this record is true to the best of my knowledge and belief. KansasWater Well Contractor's License No. 554 This Water Well Record was completed on (mo/day/yr)5-13-05 under the business name ofby (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.