

1	LOCATION OF WATER WELL:	Fraction <u>SE 1/4 NE 1/4 NW 1/4</u>	Section Number <u>11</u>	Township Number <u>26</u>	Range Number <u>28</u>																																									
County: <u>Gray</u> Distance and direction from nearest town or city street address of well if located within city? <u>402 W Ave A</u>																																														
2	WATER WELL OWNER:	<u>Osborn 66</u>																																												
RR #, St. Address, Box #: <u>402 W Ave A</u> City, State, ZIP Code : <u>Cimarron, KS 67835</u>			Board of Agriculture, Division of Water Resources Application Number:																																											
3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:	<table border="1" style="float: left; margin-right: 10px;"> <tr><td></td><td></td><td></td><td style="text-align: center;">N</td></tr> <tr><td></td><td style="text-align: center;">X</td><td></td><td style="text-align: center;">NE</td></tr> <tr><td style="text-align: center;">NW</td><td></td><td></td><td></td></tr> <tr><td style="text-align: center;">W</td><td></td><td></td><td style="text-align: center;">E</td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td style="text-align: center;">SW</td><td></td><td></td><td style="text-align: center;">SE</td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td style="text-align: center;">S</td><td></td><td></td><td></td></tr> </table> 4 DEPTH OF WELL <u>43</u> ft. WELL'S STATIC WATER LEVEL <u>DRY</u> ft. WELL WAS USED AS: <table style="margin-left: 20px; border: none;"> <tr><td>1 Domestic</td><td>5 Public Water Supply</td></tr> <tr><td>2 Irrigation</td><td>6 Oil Field Water Supply</td></tr> <tr><td>3 Feedlot</td><td>7 Domestic (Lawn & Garden)</td></tr> <tr><td>4 Industrial</td><td>8 Air Conditioning</td></tr> </table> 9 Dewatering 10 Monitoring Well 11 Injection Well 12 Other Was a chemical / bacteriological sample submitted to Department? Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> If yes, mo/day/yr sample was submitted Water Well Disinfected: Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>								N		X		NE	NW				W			E					SW			SE					S				1 Domestic	5 Public Water Supply	2 Irrigation	6 Oil Field Water Supply	3 Feedlot	7 Domestic (Lawn & Garden)	4 Industrial	8 Air Conditioning
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5	TYPE OF BLANK CASING USED:	1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (Specify below) 2 PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile																																												
Blank casing diameter <u>2</u> in. Was casing pulled? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, how much Casing height above or below land surface <u>6</u> in.																																														
6	GROUT PLUG MATERIAL:	1 Neat cement	2 Cement grout	3 Bentonite	4 Other																																									
Grout Plug Intervals: From <u>0</u> ft. to <u>5</u> ft., From <u>5</u> ft. to <u>26</u> ft., From to ft.																																														
What is the nearest source of possible contamination: <table style="margin-left: 20px; border: none;"> <tr><td>1 Septic tank</td><td>6 Seepage pit</td><td>11 Fuel storage</td></tr> <tr><td>2 Sewer lines</td><td>7 Pit privy</td><td>12 Fertilizer storage</td></tr> <tr><td>3 Watertight sewer lines</td><td>8 Sewage lagoon</td><td>13 Insecticide storage</td></tr> <tr><td>4 Lateral lines</td><td>9 Feedyard</td><td>14 Abandoned water well</td></tr> <tr><td>5 Cess pool</td><td>10 Livestock pens</td><td>15 Oil well/Gas well</td></tr> </table> 16 Other (specify below) <u>lsp</u>						1 Septic tank	6 Seepage pit	11 Fuel storage	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? <u>SE W</u> How many feet? <u>100</u>																																														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">FROM</th> <th style="width: 15%;">TO</th> <th style="width: 70%;">PLUGGING MATERIALS</th> </tr> </thead> <tbody> <tr><td><u>0</u></td><td><u>43</u></td><td><u>20-30 % solid bentonite</u></td></tr> <tr><td></td><td></td><td><u>slurry grout with top 5</u></td></tr> <tr><td></td><td></td><td><u>feet overdrilled after</u></td></tr> <tr><td></td><td></td><td><u>grouting</u></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> </tbody> </table>						FROM	TO	PLUGGING MATERIALS	<u>0</u>	<u>43</u>	<u>20-30 % solid bentonite</u>			<u>slurry grout with top 5</u>			<u>feet overdrilled after</u>			<u>grouting</u>																										
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7	CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) <u>4/4/05</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>594</u> This Water Well Record was completed on (mo/day/year) <u>5/19/05</u> under the business name of <u>Caranca Great Plains</u> by (signature) <u>AK</u>																																													

INSTRUCTIONS: Use typewriter or ball point pen. Please press firmly and print clearly. Please fill in blanks, underline or circle the correct answers. Send top three copies to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 785/296-5522. Send one to Water Well Owner and retain one for your records.