

1	LOCATION OF WATER WELL:	Fraction	Section	Number	Township	Number	Range	Number																					
County: Gray		SE $\frac{1}{4}$ NE $\frac{1}{4}$ NW $\frac{1}{4}$	11		26	28	EW																						
Distance and direction from nearest town or city street address of well if located within city? 402 W Ave A																													
2	WATER WELL OWNER:	Osborn 66																											
RR #, St. Address, Box #:		402 W Ave A																											
City, State, ZIP Code :		Cimarron, KS 67835																											
3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4	DEPTH OF WELL 45 ft.																									
			WELL'S STATIC WATER LEVEL PRY ft.																										
WELL WAS USED AS:																													
<table border="0"> <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>10 Monitoring Well</td> </tr> <tr> <td>3 Feedlot</td> <td>7 Domestic (Lawn & Garden)</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	10 Monitoring Well	3 Feedlot	7 Domestic (Lawn & Garden)	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 <input checked="" type="checkbox"/>																													
5	TYPE OF BLANK CASING USED:																												
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Blank casing diameter 2 in. Was casing pulled? Yes No If yes, how much																													
Casing height above or below land surface 6 in.																													
6	GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other																												
Grout Plug Intervals: From 0 ft. to 5 ft., From 5 ft. to 27 ft., From to ft.																													
What is the nearest source of possible contamination:																													
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Direction from well? NE How many feet? 155																													
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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) 4/14/05 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 594. This Water Well Record was completed on (mo/day/year) 5/19/05 under the business name of Caranca Great Plains by (signature) EJS/																												

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.