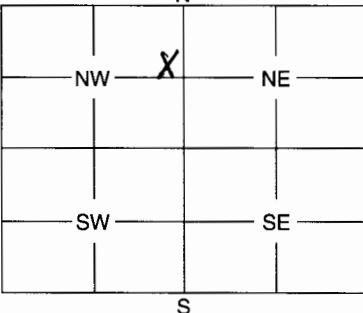


1	LOCATION OF WATER WELL:	Fraction	Section	Number	Township	Number	Range	Number																								
County: <u>Gray</u>		<u>NE 1/4 SE 1/4 NW 1/4</u>	<u>11</u>		<u>26</u>	<u>28</u>	E/W																									
Distance and direction from nearest town or city street address of well if located within city? <u>402 W Ave A</u>																																
2	WATER WELL OWNER:	<u>Osborn 66</u>																														
RR #, St. Address, Box #: City, State, ZIP Code			402 W Ave A <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:		4	DEPTH OF WELL <u>35</u> ft.																												
			WELL'S STATIC WATER LEVEL <u>DRY</u> ft. WELL WAS USED AS: <ul style="list-style-type: none"> <input type="checkbox"/> 1 Domestic <input type="checkbox"/> 2 Irrigation <input type="checkbox"/> 3 Feedlot <input type="checkbox"/> 4 Industrial <input type="checkbox"/> 5 Public Water Supply <input type="checkbox"/> 6 Oil Field Water Supply <input type="checkbox"/> 7 Domestic (Lawn & Garden) <input type="checkbox"/> 8 Air Conditioning <input type="checkbox"/> 9 Dewatering <input checked="" type="checkbox"/> 10 Monitoring Well <input type="checkbox"/> 11 Injection Well <input type="checkbox"/> 12 Other 																													
Was a chemical / bacteriological sample submitted to Department? Yes No <input checked="" type="checkbox"/>																																
If yes, mo/day/yr sample was submitted																																
Water Well Disinfected: Yes No <input checked="" type="checkbox"/>																																
5	TYPE OF BLANK CASING USED:																															
<input type="checkbox"/> 1 Steel <input checked="" type="checkbox"/> 2 PVC		<input type="checkbox"/> 3 RMP (SR) <input type="checkbox"/> 4 ABS		<input type="checkbox"/> 5 Wrought <input type="checkbox"/> 6 Asbestos-Cement		<input type="checkbox"/> 7 Fiberglass <input type="checkbox"/> 8 Concrete Tile		9 Other (Specify below)																								
Blank casing diameter <u>2</u> in.		Was casing pulled?		Yes		No		If yes, how much																								
Casing height above or below land surface <u>6</u> in.																																
6	GROUT PLUG MATERIAL:																															
Grout Plug Intervals:		1 Neat cement	2 Cement grout	<input type="checkbox"/> 3 Bentonite	4 Other																											
From <u>0</u> ft. to <u>5</u> ft.		From <u>5</u> ft. to <u>18</u> ft.	From to ft.				to ft.																									
What is the nearest source of possible contamination:																																
<input type="checkbox"/> 1 Septic tank <input type="checkbox"/> 2 Sewer lines <input type="checkbox"/> 3 Watertight sewer lines <input type="checkbox"/> 4 Lateral lines <input type="checkbox"/> 5 Cess pool			<input type="checkbox"/> 6 Seepage pit <input type="checkbox"/> 7 Pit privy <input type="checkbox"/> 8 Sewage lagoon <input type="checkbox"/> 9 Feedyard <input type="checkbox"/> 10 Livestock pens			<input type="checkbox"/> 11 Fuel storage <input type="checkbox"/> 12 Fertilizer storage <input type="checkbox"/> 13 Insecticide storage <input type="checkbox"/> 14 Abandoned water well <input type="checkbox"/> 15 Oil well/Gas well																										
Direction from well? <u>SE</u>		How many feet? <u>225</u>																														
<table border="1"> <thead> <tr> <th>FROM</th> <th>TO</th> <th>PLUGGING MATERIALS</th> </tr> </thead> <tbody> <tr> <td><u>0</u></td> <td><u>35</u></td> <td><u>50-30% solid bentonite slurry grout with top 5 feet overdrilled after grouting</u></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>									FROM	TO	PLUGGING MATERIALS	<u>0</u>	<u>35</u>	<u>50-30% solid bentonite slurry grout with top 5 feet overdrilled after 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>Carcando Great Plains</u> by (signature) <u>Andy</u>							
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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.