

1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: Gray	NW ¼ SE ¼ NE ¼	11	26S	28W

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 # 210 East Ave. A	Application Number:
City, State, ZIP Code : Cimarron, KS 67835	

3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4 DEPTH OF WELL 39.2 ft.												
<div style="text-align: center;">N <table border="1"><tr><td></td><td></td></tr><tr><td>NW</td><td>NE</td></tr><tr><td></td><td style="text-align: center;">X</td></tr><tr><td>SW</td><td>SE</td></tr><tr><td></td><td></td></tr></table> S</div>			NW	NE		X	SW	SE			WELL'S STATIC WATER LEVEL dry ft.		
NW	NE												
	X												
SW	SE												
	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>10 Monitoring Well</td></tr><tr><td>3 Feedlot</td><td>7 Lawn and Garden (domestic)</td><td><input checked="" type="radio"/> 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 Lawn and Garden (domestic)	<input checked="" type="radio"/> 11 Injection Well	4 Industrial	8 Air Conditioning	12 Other
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	Was a chemical/bacteriological sample submitted to Department? Yes _____ No X												
	If yes, mo/day/yr sample was submitted _____												
	Water Well Disinfected: Yes _____ No X												

5 TYPE OF BLANK CASING USED:	Blank casing diameter 2 in.	Was casing pulled? Yes _____ No X	If yes, how much Overdrilled 3 feet										
<table><tr><td>1 Steel</td><td>3 RMP (SR)</td><td>5 Wrought</td><td>7 Fiberglass</td><td>9 Other (specify below)</td></tr><tr><td><input checked="" type="radio"/> 2 PVC</td><td>4 ABC</td><td>6 Asbestos-Cement</td><td>8 Concrete Tile</td><td></td></tr></table>	1 Steel	3 RMP (SR)	5 Wrought	7 Fiberglass	9 Other (specify below)	<input checked="" type="radio"/> 2 PVC	4 ABC	6 Asbestos-Cement	8 Concrete Tile		Casing height above or below land surface 0 in.		
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<input checked="" type="radio"/> 2 PVC	4 ABC	6 Asbestos-Cement	8 Concrete Tile										

6 GROUT PLUG MATERIAL:	1 Neat cement	2 Cement grout	<input checked="" type="radio"/> 3 Bentonite	4 Other
Grout Plug Intervals	From 3 ft. to 39.2 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 | Previously Contaminated Site |
| 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
0	3		Concrete
3	39.2		Bentonite

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/yr) 2-22-06 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) 3-27-06 under the business name of Woofter Pump & Well, Inc.
by (signature) <i>July 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 66620-0001. Telephone: 785-296-3565. Send one to Water Well Owner and retain one for your records.