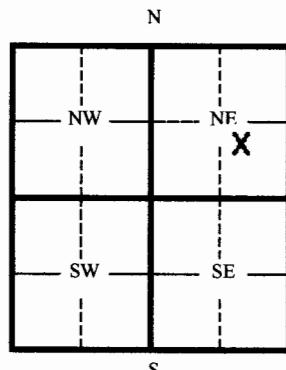


1 LOCATION OF WATER WELL:	Fraction County: <b>Gray</b> NW $\frac{1}{4}$ SE $\frac{1}{4}$ NE $\frac{1}{4}$	Section Number 11	Township Number <b>26S</b>	Range Number <b>28W</b>
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Distance and direction from nearest town or city street address of well if located within city?

2 WATER WELL OWNER: <b>Grasser Oil</b> RR#, St. Address, Box # <b>210 East Ave. A</b>	Board of Agriculture, Division of Water Resources
City, State, ZIP Code : <b>Cimarron, KS 67835</b>	Application Number:

3 MARK WELL'S LOCATON WITH AN "X" IN SECTION BOX:	4 DEPTH OF WELL <b>45.7</b> ft.
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WELL'S STATIC WATER LEVEL **dry** ft.

WELL WAS USED AS:

1 Domestic  
2 Irrigation  
3 Feedlot  
4 Industrial

5 Public Water Supply  
6 Oil Field Water Supply  
7 Lawn and Garden (domestic)  
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)  
2 PVC      4 ABC      5 Wrought      7 Fiberglass      9 Other (specify below)

Blank casing diameter **2** in. Was casing pulled? Yes  No  If yes, how much **Overdrilled 3 feet**

Casing height above or below land surface **0** in.

6 GROUT PLUG MATERIAL: 1 Neat cement      2 Cement grout      3 Bentonite      4 Other

Grout Plug Intervals From **3** ft. to **45.7** 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	<b>Previously Contaminated Site</b>
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
<b>0</b>	<b>1</b>		<b>Asphalt</b>
<b>1</b>	<b>45.7</b>		<b>Bentonite</b>

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)

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.