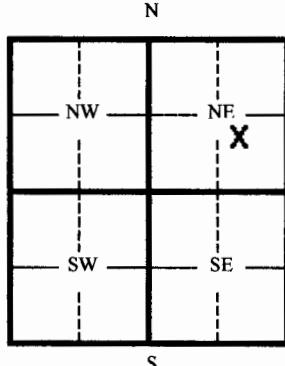


<b>1</b> LOCATION OF WATER WELL:	Fraction County: <b>Gray</b> NW $\frac{1}{4}$ SE $\frac{1}{4}$ NE $\frac{1}{4}$	Section Number 11	Township Number <b>26S</b>	Range Number <b>28W</b>
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Distance and direction from nearest town or city street address of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

<b>2</b> WATER WELL OWNER: <b>Grasser Oil</b> RR#, St. Address, Box # <b>210 East Ave. A</b> City, State, ZIP Code : <b>Cimarron, KS 67835</b>	Board of Agriculture, Division of Water Resources Application Number:
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**3** MARK WELL'S LOCATON WITH AN "X" IN SECTION BOX:



**4** DEPTH OF WELL **53.2** ft.

WELL'S STATIC WATER LEVEL **44.2** ft.

WELL WAS USED AS:

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)	11 Injection Well
4 Industrial	8 Air Conditioning	12 Other

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)      5 Wrought      7 Fiberglass      9 Other (specify below)

PVC

4 ABC

6 Asbestos-Cement      8 Concrete Tile

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 **53.2** 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	<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>3</b>		<b>Gravel</b>
<b>3</b>	<b>53.2</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.