

1 LOCATION OF WATER WELL:	Fraction NW ¼ SE ¼ NE ¼	Section Number 11	Township Number 26S	Range Number 28W																																				
County: Gray																																								
Distance and direction from nearest town or city street address of well if located within city?																																								
2 WATER WELL OWNER: Grasser Oil																																								
RR#, St. Address, Box # 210 East Ave. A																																								
City, State, ZIP Code : Cimarron, KS 67835																																								
Board of Agriculture, Division of Water Resources Application Number:																																								
3 MARK WELL'S LOCATON WITH AN "X" IN SECTION BOX:	4 DEPTH OF WELL 38 ft.																																							
N <table border="1" style="margin: auto; border-collapse: collapse;"> <tr> <td style="width: 50px; text-align: center;">NW</td> <td style="width: 50px; text-align: center;">NE</td> </tr> <tr> <td style="width: 50px; text-align: center;">SW</td> <td style="width: 50px; text-align: center;">SE</td> </tr> </table> W E S	NW	NE	SW	SE	WELL'S STATIC WATER LEVEL dry ft.																																			
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	SW	SE																																						
	WELL WAS USED AS:																																							
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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:																																								
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Blank casing diameter 4 in. Was casing pulled? Yes _____ No X If yes, how much Overdrilled 20 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 38 ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.																																								
What is the nearest source of possible contamination:																																								
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Direction from well? _____ How many feet? _____																																								
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7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/yr) 2-21-06 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.																																								