

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 RR#, St. Address, Box # 210 East Ave. A City, State, ZIP Code : Cimarron, KS 67835	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 38 ft. 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 Extraction Well 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
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N

NW	NE
SW	SE

 E
 S

5 TYPE OF BLANK CASING USED:

1 Steel
 2 **PVC**
 Blank casing diameter **4** in.

3 RMP (SR)
 4 ABC
 Was casing pulled? Yes ___ No **X** If yes, how much **Overdrilled 20 feet**

5 Wrought
 6 Asbestos-Cement
 Casing height above or below land surface **0** in.

7 Fiberglass
 8 Concrete Tile

9 Other (specify below)

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:				
1 Septic tank 2 Sewer lines 3 Watertight sewer lines 4 Lateral lines 5 Cess Pool	6 Seepage pit 7 Pit privy 8 Sewage lagoon 9 Feedyard 10 Livestock pens	11 Fuel storage 12 Fertilizer storage 13 Insecticide storage 14 Abandoned water well 15 Oil well/ Gas well	16 Other (specify below) Previously Contaminated Site	
Direction from well? _____		How many feet? _____		

FROM	TO	CODE	PLUGGING MATERIALS
0	3		Gravel
3	38		Bentonite

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) _____
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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.