

ID No. **SVE-6**

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			Board of Agriculture, Division of Water Resources																																						
City, State, ZIP Code : Cimarron, KS 67835			Application Number:																																						
3 MARK WELL'S LOCATON WITH AN "X" IN SECTION BOX:		4 DEPTH OF WELL 36.72 ft.																																							
<div style="text-align: center;">N</div> <table border="1" style="margin: auto; border-collapse: collapse;"><tr><td></td><td></td><td></td></tr><tr><td>NW</td><td>NE</td><td></td></tr><tr><td></td><td style="text-align: center;">X</td><td></td></tr><tr><td>SW</td><td>SE</td><td></td></tr><tr><td></td><td></td><td></td></tr></table> <div style="text-align: center;">S</div> <div style="display: flex; justify-content: space-between; width: 100px;">WE</div>					NW	NE			X		SW	SE					WELL'S STATIC WATER LEVEL dry ft.																								
		NW	NE																																						
			X																																						
SW	SE																																								
WELL WAS USED AS:																																									
<div style="display: flex; justify-content: space-between;"><div>1 Domestic 2 Irrigation 3 Feedlot 4 Industrial</div><div>5 Public Water Supply 6 Oil Field Water Supply 7 Lawn and Garden (domestic) 8 Air Conditioning</div><div>9 Dewatering 10 Monitoring Well 11 Injection Well 12 Other Extraction Well</div></div>																																									
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:																																									
<div style="display: flex; justify-content: space-between;"><div>1 Steel 2 PVC</div><div>3 RMP (SR) 4 ABC</div><div>5 Wrought 6 Asbestos-Cement</div><div>7 Fiberglass 8 Concrete Tile</div><div>9 Other (specify below)</div></div>																																									
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 36.72 ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.																																									
What is the nearest source of possible contamination:																																									
<div style="display: flex; justify-content: space-between;"><div>1 Septic tank 2 Sewer lines 3 Watertight sewer lines 4 Lateral lines 5 Cess Pool</div><div>6 Seepage pit 7 Pit privy 8 Sewage lagoon 9 Feedyard 10 Livestock pens</div><div>11 Fuel storage 12 Fertilizer storage 13 Insecticide storage 14 Abandoned water well 15 Oil well/ Gas well</div><div>16 Other (specify below) Previously Contaminated Site</div></div>																																									
Direction from well? _____ How many feet? _____																																									
<table border="1" style="width:100%; border-collapse: collapse;"><thead><tr><th style="width:10%;">FROM</th><th style="width:10%;">TO</th><th style="width:10%;">CODE</th><th style="width:70%;">PLUGGING MATERIALS</th></tr></thead><tbody><tr><td>0</td><td>3</td><td></td><td>Concrete</td></tr><tr><td>3</td><td>36.72</td><td></td><td>Bentonite</td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></tbody></table>						FROM	TO	CODE	PLUGGING MATERIALS	0	3		Concrete	3	36.72		Bentonite																								
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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) 2-22-06 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 Woofert 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.																																									