WATER WELL PLUGGING RECORD   Form WWC-5P   KSA 82a-1212   ID No. **SVE-8**

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:

3 MARK WELL'S LOCATON WITH AN "X" IN SECTION BOX:

```
            N
  ┌─────┬─────┐
  │ NW  │ NE  │
  │     │   X │
W ├─────┼─────┤ E
  │ SW  │ SE  │
  │     │     │
  └─────┴─────┘
            S
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4

DEPTH OF WELL .... **35.72** .... ft.

WELL'S STATIC WATER LEVEL .... **dry** .... 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 **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**

5 TYPE OF BLANK CASING USED:

1 Steel   3 RMP (SR)   5 Wrought   7 Fiberglass   9 Other (specify below)
(2) PVC   4 ABC   6 Asbestos-Cement 8 Concrete Tile

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 **35.72** 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   **Previously Contaminated Site**
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
0	**3**		**Gravel**
3	**35.72**		**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) .... *Gary C Woofter*

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.