

1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: Gray	SE ¼ NW ¼ NE ¼	11	26	28
Distance and direction from nearest town or city street address of well if located within city?				

2 WATER WELL OWNER: Grain Growers Coop	Board of Agriculture, Division of Water Resources Application Number:
RR#, St. Address, Box # 202 N Main	
City, State, ZIP Code : Cimarron, KS 67835	

3 MARK WELL'S LOCATON WITH AN "X" IN SECTION BOX:	4 DEPTH OF WELL 60 ft.				
<div style="text-align: center;"> N <table border="1" style="margin: auto; border-collapse: collapse;"> <tr> <td style="width: 50px; height: 50px; text-align: center;">NW</td> <td style="width: 50px; height: 50px; text-align: center;">X IE</td> </tr> <tr> <td style="width: 50px; height: 50px; text-align: center;">SW</td> <td style="width: 50px; height: 50px; text-align: center;">SE</td> </tr> </table> S </div>	NW	X IE	SW	SE	WELL'S STATIC WATER LEVEL Dry ft.
	NW	X IE			
	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 </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:	9 Other (specify below)
1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 2 PVC 4 ABC 6 Asbestos-Cement 8 Concrete Tile	
Blank casing diameter 2 in.	Was casing pulled? Yes X No _____ If yes, how much Overdrilled 3 ft.
Casing height above or below land surface -36 in.	

6 GROUT PLUG MATERIAL:	4 Other _____
1 Neat cement 2 Cement grout 3 Bentonite	
Grout Plug Intervals From 0 ft. to 60 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 2 Sewer lines 7 Pit privy 12 Fertilizer storage 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	16 Other (specify below) Previously Contaminated Site
Direction from well? _____ How many feet? _____	

FROM	TO	CODE	PLUGGING MATERIALS
60	3		Bentonite
3	0		Native Soil

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/yr) 5/16/06 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) 6/26/06 under the business name of Woofter Pump & Well Inc. by (signature) <i>Jay G. Woofter</i>	
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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.