

1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: <b>Gray</b>	<b>SE 1/4 NW 1/4 NE 1/4</b>	<b>11</b>	<b>26</b>	<b>28</b>

Distance and direction from nearest town or city street address of well if located within city?

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

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

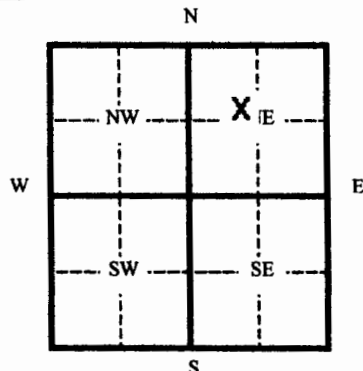
4 DEPTH OF WELL **63** ft.WELL'S STATIC WATER LEVEL **Dry** ft.

WELL WAS USED AS:

- |              |                              |   |
|--------------|------------------------------|---|
| 1 Domestic   | 5 Public Water Supply        | 9 Dewatering  |
| 2 Irrigation | 6 Oil Field Water Supply     | <input checked="" type="radio"/> 10 Monitoring Well |
| 3 Feedlot    | 7 Lawn and Garden (domestic) | 11 Injection Well                                   |
| 4 Industrial | 8 Air Conditioning           | 12 Other  |

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) |
| <input checked="" type="radio"/> 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: 1 Neat cement 2 Cement grout ☒ 3 Bentonite 4 Other \_\_\_\_\_Grout Plug Intervals From **0** ft. to **63** 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   | <b>Previously Contaminated Site</b> |
| 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
<b>63</b>	<b>3</b>		<b>Bentonite</b>
<b>3</b>	<b>0</b>		<b>Native Soil</b>

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/yr) <b>5/16/06</b> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <b>554</b> This Water Well Record was completed on (mo/day/yr) <b>6/26/06</b> under the business name of <b>Woofert Pump &amp; Well Inc.</b>
by (signature) <i>Jeff G. Woofert</i>

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.