

1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: Gray	NE 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 LOCATION WITH AN "X" IN SECTION BOX:	4 DEPTH OF WELL <u>50</u> ft.
	WELL'S STATIC WATER LEVEL <u>Dry</u> ft.
	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:				
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 <u>2</u> in. Was casing pulled? Yes X No _____ If yes, how much <u>Overdrilled 3 ft</u>				
Casing height above or below land surface <u>-36</u> in.				

6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____				
Grout Plug Intervals From <u>0</u> ft. to <u>50</u> 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
50	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) <u>5/16/06</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>554</u> This Water Well Record was completed on (mo/day/yr) <u>6/26/06</u> under the business name of <u>Woofert Pump & Well Inc.</u> by (signature) <u><i>Jay A. Woofert</i></u>
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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.