

1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: Gray	SE 1/4 NW 1/4 NE 1/4	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 64 ft.
	WELL'S STATIC WATER LEVEL dry 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 2 PVC Blank casing diameter 2 in.	3 RMP (SR) 4 ABC Was casing pulled? Yes X No _____ If yes, how much Overdrilled 3 ft
5 Wrought 6 Asbestos-Cement Casing height above or below land surface -36 in.	
7 Fiberglass 8 Concrete Tile	
9 Other (specify below)	

6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other	
Grout Plug Intervals From 64 ft. to 3 ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.	
What is the nearest source of possible contamination:	
1 Septic tank 2 Sewer lines 3 Watertight sewer lines 4 Lateral lines 5 Cess Pool	6 Seepage pit 7 Pit privy 8 Sewage lagoon 9 Feedyard 10 Livestock pens
11 Fuel storage 12 Fertilizer storage 13 Insecticide storage 14 Abandoned water well 15 Oil well/ Gas well	16 Other (specify below) Previously Contaminated Site
Direction from well? _____ How many feet? _____	

FROM	TO	CODE	PLUGGING MATERIALS
64	3		Bentonite Grout
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 Woofert Pump & Well, Inc. by (signature)
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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: 785-296-3585. Send one to Water Well Owner and retain one for your records.