

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: <b>AS-8</b>			
RR#, St. Address, Box # <b>202 N. Main</b>					
City, State, ZIP Code : <b>Cimarron, Ks 67835</b>					

  

3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4 DEPTH OF WELL <b>58</b> ft.	WELL'S STATIC WATER LEVEL <b>unknown</b> ft.  WELL WAS USED AS:  <table style="width:100%;"> <tr> <td>1 Domestic</td> <td>5 Public Water Supply</td> <td>9 Dewatering</td> </tr> <tr> <td>2 Irrigation</td> <td>6 Oil Field Water Supply</td> <td>10 Monitoring Well</td> </tr> <tr> <td>3 Feedlot</td> <td>7 Lawn and Garden (domestic)</td> <td>11 Injection Well</td> </tr> <tr> <td>4 Industrial</td> <td>8 Air Conditioning</td> <td>12 Other <b>Air Sparge</b></td> </tr> </table>		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 <b>Air Sparge</b>
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	Was a chemical/bacteriological sample submitted to Department? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, mo/day/yr sample was submitted _____ Water Well Disinfected: Yes <input type="checkbox"/> No <input type="checkbox"/>														

  

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 _____ in. Was casing pulled? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, how much <b>3 ft</b>					
Casing height above or below land surface <b>36</b> in.					

  

6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 <b>Bentonite</b> 4 Other _____					
Grout Plug Intervals From <b>58</b> ft. to <b>3</b> 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			
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>58</b>	<b>3</b>		<b>bentonite</b>
<b>3</b>	<b>0</b>		<b>Over burden soil</b>
			<b>Over drilled to 3 ft</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 30 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>6-23-06</b> under the business name of <b>Woofert Pump &amp; Well Inc.</b> 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: 785-296-3565. Send one to Water Well Owner and retain one for your records.