

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**RR#, St. Address, Box # **202 N. Main**

Board of Agriculture, Division of Water Resources

City, State, ZIP Code : **Cimarron, KS 67835**

Application Number:

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

4 DEPTH OF WELL **40** ft.WELL'S STATIC WATER LEVEL **NA** ft.

WELL WAS USED AS:

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)

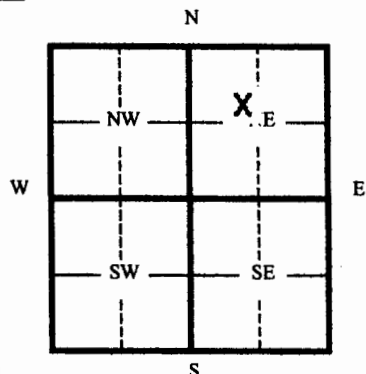
11 Injection Well

4 Industrial

8 Air Conditioning

☒ 12 Other **Vapor Extraction**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 **4** in. Was casing pulled? Yes **X** No _____ If yes, how much **Overdrilled 20 ft**Casing height above or below land surface **-20 ft** in.6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout ☒ 3 Bentonite 4 Other _____Grout Plug Intervals From **40** ft. to **3** 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
40	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 **Woofter Pump & Well, Inc.** by (signature) *Gary L. Woofter*

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.