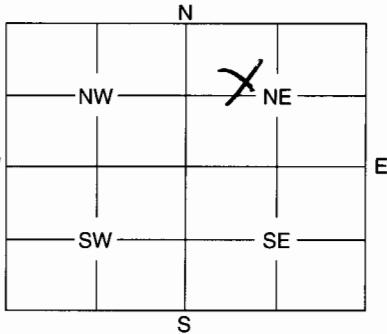


1	LOCATION OF WATER WELL: County: <i>Gray</i>	Fraction <i>SE 1/4 NW 1/4 NE 1/4</i>	Section Number <i>11</i>	Township Number <i>26</i>	Range Number <i>28</i>																								
Distance and direction from nearest town or city street address of well if located within city?																													
2	WATER WELL OWNER: <i>Crain Growers Co-op</i>	Board of Agriculture, Division of Water Resources Application Number:																											
RR #, St. Address, Box #: <i>202 N. Main</i> City, State, ZIP Code : <i>Cimarron, KS 67835</i>																													
3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:  	4	DEPTH OF WELL ..... <i>67.6</i> ft.																										
WELL'S STATIC WATER LEVEL <i>62.35</i> ft.																													
WELL WAS USED AS:																													
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Was a chemical / bacteriological sample submitted to Department? Yes ..... No <input checked="" type="checkbox"/>																													
If yes, mo/day/yr sample was submitted .....																													
Water Well Disinfected: Yes ..... No <input checked="" type="checkbox"/>																													
5	TYPE OF BLANK CASING USED:																												
<table border="0"> <tr> <td>1 Steel</td> <td>3 RMP (SR)</td> <td>5 Wrought</td> <td>7 Fiberglass</td> <td>9 Other (Specify below)</td> </tr> <tr> <td><input checked="" type="checkbox"/> PVC</td> <td>4 ABS</td> <td>6 Asbestos-Cement</td> <td>8 Concrete Tile</td> <td>.....</td> </tr> </table>						1 Steel	3 RMP (SR)	5 Wrought	7 Fiberglass	9 Other (Specify below)	<input checked="" type="checkbox"/> PVC	4 ABS	6 Asbestos-Cement	8 Concrete Tile	.....														
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Blank casing diameter <i>2</i> in. Was casing pulled? Yes <input checked="" type="checkbox"/> No ..... If yes, how much <i>3</i> in.																													
Casing height above or below land surface <i>-30</i> in.																													
6	GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout <input checked="" type="checkbox"/> 3 Bentonite 4 Other .....																												
Grout Plug Intervals: From <i>67.6</i> ft. to <i>3</i> ft., From ..... ft. to ..... ft., From ..... to ..... ft.																													
What is the nearest source of possible contamination:																													
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<table border="1"> <thead> <tr> <th>FROM</th> <th>TO</th> <th>PLUGGING MATERIALS</th> </tr> </thead> <tbody> <tr> <td><i>67.6</i></td> <td><i>3</i></td> <td><i>Bentonite</i></td> </tr> <tr> <td><i>3</i></td> <td><i>0</i></td> <td><i>native soil</i></td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>						FROM	TO	PLUGGING MATERIALS	<i>67.6</i>	<i>3</i>	<i>Bentonite</i>	<i>3</i>	<i>0</i>	<i>native soil</i>															
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7	CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) <i>6/6/07</i> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <i>K9</i> This Water Well Record was completed on (mo/day/year) <i>6/24/07</i> under the business name of <i>Tyler Geotek</i> by (signature) <i>James Young</i>																												
INSTRUCTIONS: Use typewriter or ball point pen. Please press firmly and print clearly. Please fill in blanks, underline or circle the correct answers. Send top three copies to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 785/296-5522. Send one to Water Well Owner and retain one for your records.																													