

Corrected
MW-11

WATER WELL PLUGGING RECORD

Form WWC-5P

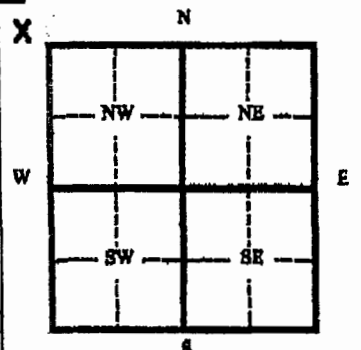
KSA 82a-1212

ID No.

1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: <i>Riley</i>	<i>SE 1/4 NE 1/4 NE 1/4</i>	<i>18</i>	<i>10</i>	<i>8 E</i>

Distance and direction from nearest town or city street address of well if located within city?
720 N 3rd Manhattan, KS

2 WATER WELL OWNER:	Board of Agriculture, Division of Water Resources
RR#, St. Address, Box #	Application Number:
<i>Coastal Mart 9131</i>	
<i>Rt 130 @ 295</i>	
City, State, ZIP Code	
<i>Westville, MO</i>	

3 MARK WELL'S LOCATION WITH AN 'X' IN SECTION BOX:	4 DEPTH OF WELL <i>24.5</i> ft.												
	WELL'S STATIC WATER LEVEL <i>21.5</i> ft.												
	WELL WAS USED AS:												
	<table border="0"> <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</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
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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:										
<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>2 PVC</td> <td>4 ABC</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)	2 PVC	4 ABC	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 <input type="checkbox"/>									
Casing height above or below land surface _____ in.	if yes, how much <i>Overdrilled to 20'</i>									

6 GROUT PLUG MATERIAL:																				
<table border="0"> <tr> <td>1 Neat cement</td> <td>2 Cement grout</td> <td>3 Bentonite</td> <td>4 Other</td> </tr> </table>	1 Neat cement	2 Cement grout	3 Bentonite	4 Other																
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Grout Plug Intervals From <i>0</i> ft. to <i>24.5</i> ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.																				
What is the nearest source of possible contamination:																				
<table border="0"> <tr> <td>1 Septic tank</td> <td>6 Seepage pit</td> <td>11 Fuel storage</td> <td>16 Other (specify below)</td> </tr> <tr> <td>2 Sewer line</td> <td>7 Pit privy</td> <td>12 Fertilizer storage</td> <td></td> </tr> <tr> <td>3 Watertight sewer line</td> <td>8 Sewage lagoon</td> <td>13 Insecticide storage</td> <td></td> </tr> <tr> <td>4 Lateral lines</td> <td>9 Feedyard</td> <td>14 Abandoned water well</td> <td></td> </tr> <tr> <td>5 Cess Pool</td> <td>10 Livestock pens</td> <td>15 Oil well/ Gas well</td> <td></td> </tr> </table>	1 Septic tank	6 Seepage pit	11 Fuel storage	16 Other (specify below)	2 Sewer line	7 Pit privy	12 Fertilizer storage		3 Watertight sewer line	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	
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Direction from well? _____	How many feet? _____																			

FROM	TO	CODE	PLUGGING MATERIALS
<i>0</i>	<i>24.5</i>		<i>Bentonite</i>

RECEIVED
JAN 08 2009
BUREAU OF WATER

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/yr) <i>8/21/06</i> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <i>554</i> This Water Well Record was completed on (mo/day/yr) <i>10/6/06</i> under the business name of <i>Woofler Pump & Well / Blue-lem</i> by (signature) <i>[Signature]</i>
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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: 785-296-3566. Send one to Water Well Owner and retain one for your records.