

Corrected

WATER WELL PLUGGING RECORD

Form WWC-5P

KSA 82a-1212

ID No.

SUE

| | | | | |
|---------------------------|-----------------------------|----------------|-----------------|--------------|
| 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: |
| City, State, ZIP Code | |

| | |
|---|--|
| 3 MARK WELL'S LOCATOR WITH AN "X" IN SECTION BOX: | 4 DEPTH OF WELL <i>19.6</i> ft. |
| | WELL'S STATIC WATER LEVEL <i>—</i> 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 |
| Was a chemical/bacteriological sample submitted to Department? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, no/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 | 8 Other (specify below) |
| 2 PVC | 4 ABC | 6 Asbestos-Cement | 8 Concrete Tile | |

Blank casing diameter *4* in. Was casing pulled? Yes No If yes, how much *Overdrilled to 20'*

Casing height above or below land surface _____ in.

6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other

Grout Plug Intervals From *0* ft. to *20* 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 |
|----------|-----------|------|--------------------|
| <i>0</i> | <i>20</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) *8/22/06* 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) *10/6/06* under the business name of *Woofler Pump & Well / Blue-ken* by (signature) *[Signature]*

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: 785-298-3585. Send one to Water Well Owner and retain one for your records.