

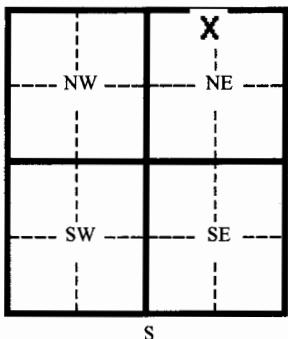
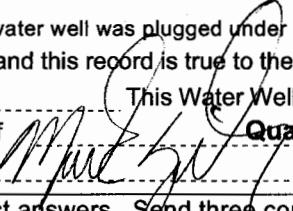
WATER WELL PLUGGING RECORD

Form WWC-5P

KSA 82a-1212

ID No. _____

MW-4

1 LOCATION OF WATER WELL:		Fraction County: Butler NE 1/4 NW 1/4 NE 1/4	Section Number 27	Township Number 27	Range Number 4-East																																																
Distance and direction from nearest town or city street address of well if located within city? 133 E. 7th Street, Augusta, Kansas																																																					
2 WATER WELL OWNER: Shirley Baugher RR#, St. Address, Box # P.O. Box 56 City, State, ZIP Code : Augusta, Kansas 67010		Board of Agriculture, Division of Water Resources Application Number:																																																			
3 MARK WELL'S LOCATON WITH AN "X" IN SECTION BOX:		4 DEPTH OF WELL 15.0 ft. WELL'S STATIC WATER LEVEL 9.67 ft. WELL WAS USED AS: <table> <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> Was a chemical/bacteriological sample submitted to Department? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, mo/day/yr sample was submitted _____ Water Well Disinfected: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				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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5 TYPE OF BLANK CASING USED: <table> <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="radio"/> 2 PVC</td><td>4 ABC</td><td>6 Asbestos-Cement</td><td>8 Concrete Tile</td><td></td></tr> </table> Blank casing diameter 2.375 in. Was casing pulled? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, how much? 15' Casing height above or below land surface Unknown in. Overdrilled well to 15'						1 Steel	3 RMP (SR)	5 Wrought	7 Fiberglass	9 Other (specify below)	<input checked="" type="radio"/> 2 PVC	4 ABC	6 Asbestos-Cement	8 Concrete Tile																																							
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6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other Soils Grout Plug Intervals From 15.0 ft. to 3.0 ft. From 3.0 ft. to 0.0 ft. From _____ ft. to _____ ft.																																																					
What is the nearest source of possible contamination: <table> <tr><td>1 Septic tank</td><td>6 Seepage pit</td><td>11 Fuel storage (Former)</td><td>16 Other (specify below)</td></tr> <tr><td>2 Sewer lines</td><td>7 Pit privy</td><td>12 Fertilizer storage</td><td></td></tr> <tr><td>3 Watertight sewer lines</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 (Former)	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																													
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Direction from well?		Northeast		How many feet? 120																																																	
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7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/yr) 10/27/04 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 692 This Water Well Record was completed on (mo/day/yr) 11/10/04 under the business name of Quad State Services, Inc. by (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: 785-296-3565. Send one to Water Well Owner and retain one for your records.																																																					

RECEIVED

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BUREAU OF WATER