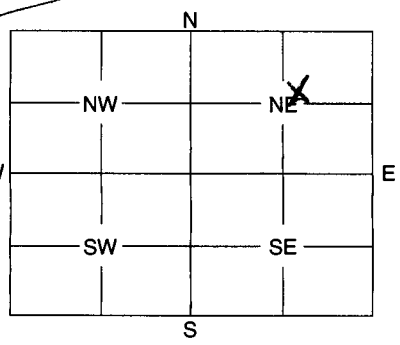
WATER WELL PLUGGING RECORD Form WWC-5P KSA 82a-1212 ID NO. _____

1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: SG	NE ¼ SW ¼ NE ¼ SW ¼	5	29 S	2E E/W

Distance and direction from nearest town or city street address of well if located within city?
2124 Timber Creek, Derby, KS 67037

2 WATER WELL OWNER: Brian R. Collignon
RR #, St. Address, Box #: same
City, State, ZIP Code :
Board of Agriculture, Division of Water Resources
Application Number:

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



4 DEPTH OF WELL 97 ft.
WELL'S STATIC WATER LEVEL 2.5 ft.
WELL WAS USED AS: less than

1 Domestic 5 Public Water Supply 9 Dewatering
2 Irrigation 6 Oil Field Water Supply 10 Monitoring Well
3 Feedlot 7 Domestic (Lawn & Garden) 11 Injection Well
4 Industrial 8 Air Conditioning 12 Other Not used - dry

Was a chemical / bacteriological sample submitted to Department? Yes ..... No X
If yes, mo/day/yr sample was submitted .....
Water Well Disinfected: Yes X No .....

5 TYPE OF BLANK CASING USED:

1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (Specify below)
(2) PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile .....

Blank casing diameter 5 in. Was casing pulled? Yes ..... No X If yes, how much .....
Casing height above or below land surface 3 ft below in.

6 GROUT PLUG MATERIAL: 1 Neat cement (2) Cement grout 3 Bentonite 4 Other .....
Grout Plug Intervals: From 97 ft. to 3 ft., From ..... ft. to ..... ft., From ..... 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 None
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	PLUGGING MATERIALS
97	3	Cement grout
3	0	soil

RECEIVED
SEP 0 2 2004
BUREAU OF WATER

7 CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 8-28-04 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. N/A This Water Well Record was completed on (mo/day/year) 8-28-04 under the business name of N/A
by (signature) .....

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.