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: Ellsworth	NE¼ SW ¼ NW ¼	24	14	9 E/W

Distance and direction from nearest town or city street address of well if located within city?

N/A

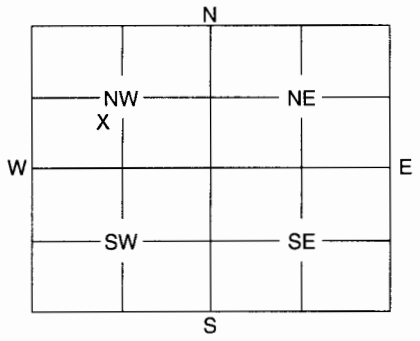
2 WATER WELL OWNER: Ruth Warttig

RR #, St. Address, Box #: 4328 S Pratt Avenue

City, State, ZIP Code : Springfield, MO 65804

Board of Agriculture, Division of Water Resources
Application Number:

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



4 DEPTH OF WELL .....171.. ft.

WELL'S STATIC WATER LEVEL .....147 ft.

WELL WAS USED AS:

1 Domestic
2 Irrigation
3 Feedlot
4 Industrial
5 Public Water Supply
6 Oil Field Water Supply
7 Domestic (Lawn & Garden)
8 Air Conditioning
9 Dewatering
10 Monitoring Well
11 Injection Well
12 Other .....

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

Blank casing diameter .....6..... in. Was casing pulled? Yes ..... No ...X..... If yes, how much .....
Casing height above or below land surface .....36.. in. below

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

Grout Plug Intervals: From .....145.... ft. to ....142..... ft., From .....7..... ft. to ....3..... ft., From ..... to ..... ft.

What is the nearest source of possible contamination:

1 Septic tank
2 Sewer lines
3 Watertight sewer lines
4 Lateral lines
5 Cess pool
6 Seepage pit
7 Pit privy
8 Sewage lagoon
9 Feedyard
10 Livestock pens
11 Fuel storage
12 Fertilizer storage
13 Insecticide storage
14 Abandoned water well
15 Oil well/Gas well
16 Other (specify below) .....

Direction from well? .....All..... How many feet? ....Immediate.....

FROM	TO	PLUGGING MATERIALS
171	145	Chlorinated Sand
145	142	Bentonite
142	100	~~XXXXXXX XXXXX~~ Fill Sand
100	7	Subsoil Clays
7	3	Bentonite
3	0	Topsoil

7 CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) .....3-13-2009..... and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. ..... This Water Well Record was completed on (mo/day/year) .....4-7-2009..... under the business name of ....Ellsworth County NPS Coordinator.....
by (signature) .....[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.