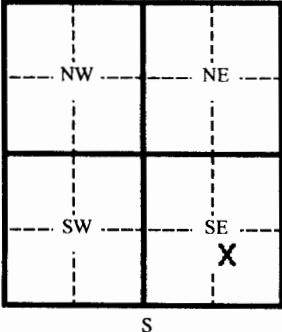
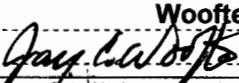


WATER WELL PLUGGING RECORD

Form WWC-5P

KSA 82a-1212

ID No.

1 LOCATION OF WATER WELL:		Fraction County: Finney NW $\frac{1}{4}$ SE $\frac{1}{4}$ SE $\frac{1}{4}$	Section Number 17	Township Number 24	Range Number 32																																				
Distance and direction from nearest town or city street address of well if located within city?																																									
2 WATER WELL OWNER: City of Garden City RR#, St. Address, Box # 125 J. C. St. Board of Agriculture, Division of Water Resources City, State, ZIP Code Garden City, Ks 67846 Application Number: SV-1																																									
3 MARK WELL'S LOCATON WITH AN "X" IN SECTION BOX:		4 DEPTH OF WELL 25.50 ft.																																							
		WELL'S STATIC WATER LEVEL NA ft.																																							
WELL WAS USED AS:																																									
<table> <tbody> <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> </tbody> </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 X																																									
If yes, mo/day/yr sample was submitted																																									
Water Well Disinfected: Yes <input type="checkbox"/> No X																																									
5 TYPE OF BLANK CASING USED:																																									
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Blank casing diameter 4 in. Was casing pulled? Yes X No <input type="checkbox"/> If yes, how much 20 ft																																									
Casing height above or below land surface 0 in.																																									
6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other																																									
Grout Plug Intervals From 20 ft. to 0 ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.																																									
What is the nearest source of possible contamination:																																									
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Direction from well? _____ How many feet? _____																																									
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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) 11-30-05 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) 12-30-05 under the business name of Woofter Pump & Well 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.																																									