

"Corrected"

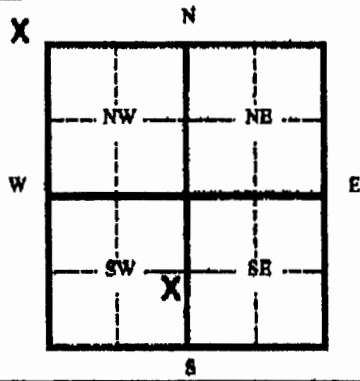
WATER WELL PLUGGING RECORD

Form WWC-5P

KSA 82a-1212

ID No.

MW-23

<b>1 LOCATION OF WATER WELL:</b> County: <u>Finney</u>		<b>Fraction</b> <u>NE 1/4 SE 1/4 SW 1/4</u>	<b>Section Number</b> <u>12</u>	<b>Township Number</b> <u>24 S</u>	<b>Range Number</b> <u>33 W</u>																																
<b>Distance and direction from nearest town or city street address of well if located within city?</b> <u>1304 Massey Ferguson Road, Garden City, KS 67846</u>																																					
<b>2 WATER WELL OWNER:</b> <u>Garden City Coop Bulk Plant</u> <b>RR#, St. Address, Box #</b> <u>1304 Massey Ferguson Road</u> <b>City, State, ZIP Code</b> <u>Garden City, KS 67846</u>			<b>Board of Agriculture, Division of Water Resources</b> <b>Application Number:</b>																																		
<b>3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:</b> <div style="text-align: center;"></div>		<b>4 DEPTH OF WELL</b> <u>29.5</u> ft. <b>WELL'S STATIC WATER LEVEL</b> <u>dry</u> ft. <b>WELL WAS USED AS:</b> <table style="width:100%;"><tr><td>1 Domestic</td><td>5 Public Water Supply</td><td>9 Dewatering</td></tr><tr><td>2 Irrigation</td><td>8 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> <b>Was a chemical/bacteriological sample submitted to Department?</b> Yes <input type="checkbox"/> No <input type="checkbox"/> <b>If yes, mo/day/yr sample was submitted</b> _____ <b>Water Well Disinfected:</b> Yes <input type="checkbox"/> No <input type="checkbox"/>				1 Domestic	5 Public Water Supply	9 Dewatering	2 Irrigation	8 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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<b>5 TYPE OF BLANK CASING USED:</b> <table style="width:100%;"><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>2 PVC</td><td>4 ABC</td><td>6 Asbestos-Cement</td><td>8 Concrete Tile</td><td></td></tr></table> <b>Blank casing diameter</b> <u>2</u> in. <b>Was casing pulled?</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <b>If yes, how much removed</b> <u>3 ft.</u> <b>Casing height above or below land surface</b> <u>-36</u> in.						1 Steel	3 RMP (SR)	5 Wrought	7 Fiberglass	9 Other (specify below)	2 PVC	4 ABC	6 Asbestos-Cement	8 Concrete Tile																							
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<b>6 GROUT PLUG MATERIAL:</b> 1 Neat cement 2 Cement grout <u>3 Bentonite</u> 4 Other _____ <b>Grout Plug Intervals</b> From <u>0</u> ft. to <u>29.5</u> ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft. <b>What is the nearest source of possible contamination:</b> <table style="width:100%;"><tr><td>1 Septic tank</td><td>6 Seepage pit</td><td>11 Fuel storage</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> <b>Direction from well?</b> _____ <b>How many feet?</b> _____						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													
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<b>7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:</b> This water well was plugged under my jurisdiction and was completed on (mo/day/yr) <u>11/18/08</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>554</u> This Water Well Record was completed on (mo/day/yr) <u>12/2/08</u> under the business name of <u>Nield Hst</u> Bluestem Environmental Engineering, Inc. by (signature) _____																																					
<b>INSTRUCTIONS:</b> 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.																																					