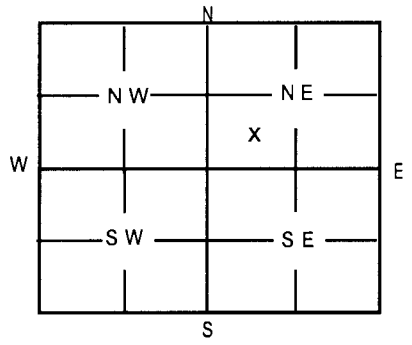
5537 WATER WELL PLUGGING RECORD Form WWC-5P KSA82a-1212 ID NO. Well #2

1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: Sedgwick	NC 1/4 SW 1/4 NE 1/4	36	T 25 S	R 1 E (W)

Distance and direction from nearest town or city street address of well if located within city?
At 555 W. 2nd, Valley Center

2 WATER WELL OWNER: City of Valley Center
RR#, St. Address, Box # P.O. Box 188
City, State, ZIP Code Valley Center, KS 67147
Board of Agriculture, Division of Water Resources Application Number:

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



4 DEPTH OF WELL 49 ft
WELL'S STATIC WATER LEVEL 16 ft.
WELL WAS USED AS:

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

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

Blank casing diameter 18 in. Was casing pulled? Yes ____ No ✓ If yes, how much Cut off
Casing height above or (below) land surface 48 in.

6 GROUT PLUG MATERIAL: 1 Neat Cement (2 Cement grout) 3 Bentonite 4 Other ____
Grout Plug Intervals: From 20 ft. to 4 ft., From ____ ft. to ____ ft. From ____ ft. 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 known
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
49	20	Chlorinated Sand
20	4	Concrete Grout
4	0	Compacted Soil

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 8-10-01 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 185 This Water Well Record was completed on (mo/day/year) 8-23-01 under the business name of Clarke Well & Equipment, Inc.
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 & Environment, Bureau of Water, Topeka, Kansas 66620-0001. Telephone: 785/296-3565. Send one to Water Well Owner and retain one for your records.