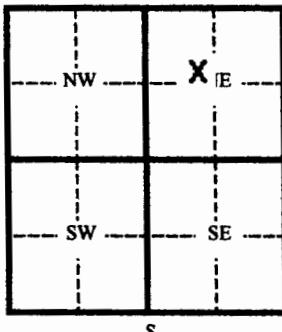


WATER WELL PLUGGING RECORD

Form WWC-5P

KSA 82a-1212

ID No. MW9

1 LOCATION OF WATER WELL:		Fraction County: <u>Gray</u> <u>SE 1/4 NW 1/4 NE 1/4</u>	Section Number <u>11</u>	Township Number <u>26</u>	Range Number <u>28</u>																																																						
Distance and direction from nearest town or city street address of well if located within city?																																																											
2 WATER WELL OWNER: Grain Growers Coop RR#, St. Address, Box # 202 N Main City, State, ZIP Code : Cimarron, KS 67835			Board of Agriculture, Division of Water Resources Application Number:																																																								
3 MARK WELL'S LOCATON WITH AN "X" IN SECTION BOX:		4 DEPTH OF WELL <u>65</u> ft. WELL'S STATIC WATER LEVEL <u>Dry</u> ft. WELL WAS USED AS: <table> <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> </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																																										
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																																																									
		Was a chemical/bacteriological sample submitted to Department? Yes <u> </u> No <u>X</u> If yes, mo/day/yr sample was submitted _____ Water Well Disinfected: Yes <u> </u> No <u>X</u>																																																									
5 TYPE OF BLANK CASING USED: 1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (specify below) 2 PVC 4 ABC 6 Asbestos-Cement 8 Concrete Tile Blank casing diameter <u>2</u> in. Was casing pulled? Yes <u> </u> No <u>X</u> If yes, how much _____ Casing height above or below land surface <u>-36</u> in.																																																											
6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other Grout Plug Intervals From <u>0</u> ft. to <u>65</u> ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.																																																											
What is the nearest source of possible contamination: <table> <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>Previously Contaminated Site</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>						1 Septic tank	6 Seepage pit	11 Fuel storage	16 Other (specify below)	2 Sewer lines	7 Pit privy	12 Fertilizer storage	Previously Contaminated Site	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																																			
1 Septic tank	6 Seepage pit	11 Fuel storage	16 Other (specify below)																																																								
2 Sewer lines	7 Pit privy	12 Fertilizer storage	Previously Contaminated Site																																																								
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? _____																																																											
<table border="1"> <thead> <tr> <th>FROM</th> <th>TO</th> <th>CODE</th> <th colspan="3">PLUGGING MATERIALS</th> </tr> </thead> <tbody> <tr><td><u>65</u></td><td><u>3</u></td><td></td><td colspan="3">Bentonite</td></tr> <tr><td><u>3</u></td><td><u>0</u></td><td></td><td colspan="3">Native Soil</td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>						FROM	TO	CODE	PLUGGING MATERIALS			<u>65</u>	<u>3</u>		Bentonite			<u>3</u>	<u>0</u>		Native Soil																																						
FROM	TO	CODE	PLUGGING MATERIALS																																																								
<u>65</u>	<u>3</u>		Bentonite																																																								
<u>3</u>	<u>0</u>		Native Soil																																																								
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/yr) <u>5/16/06</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>6/26/06</u> under the business name of <u>Woofter Pump & Well Inc.</u> by (signature) <u> </u> <i> </i>																																																											
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.																																																											