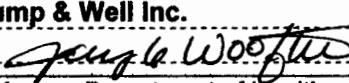


## WATER WELL PLUGGING RECORD

Form WWC-5P

KSA 82a-1212

ID No. **MW10**

1 LOCATION OF WATER WELL:		Fraction <b>SE 1/4 NW 1/4 NE 1/4</b>	Section Number <b>11</b>	Township Number <b>26</b>	Range Number <b>28</b>																																																						
Distance and direction from nearest town or city street address of well if located within city?																																																											
2 WATER WELL OWNER: <b>Grain Growers Coop</b> RR#, St. Address, Box # <b>202 N Main</b> City, State, ZIP Code <b>Cimarron, KS 67835</b> Board of Agriculture, Division of Water Resources Application Number:																																																											
3 MARK WELL'S LOCATON WITH AN "X" IN SECTION BOX:		<table border="1" style="margin-left: 100px;"> <tr><td colspan="2">N</td></tr> <tr><td colspan="2">W E</td></tr> <tr><td colspan="2">SW SE</td></tr> <tr><td colspan="2">S</td></tr> </table>				N		W E		SW SE		S																																															
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		4 DEPTH OF WELL <b>67</b>	ft.																																																								
		WELL'S STATIC WATER LEVEL <b>58.2</b>	ft.																																																								
WELL WAS USED AS:																																																											
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<input checked="" type="radio"/> 9 Dewatering <input checked="" type="radio"/> 10 Monitoring Well <input type="radio"/> 11 Injection Well <input type="radio"/> 12 Other																																																											
Was a chemical/bacteriological sample submitted to Department? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>																																																											
If yes, mo/day/yr sample was submitted																																																											
Water Well Disinfected: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>																																																											
5 TYPE OF BLANK CASING USED:																																																											
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Blank casing diameter <b>2</b> in. Was casing pulled? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, how much <b>Overdrilled 3 ft</b>																																																											
Casing height above or below land surface <b>-36</b> in.																																																											
6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout <input checked="" type="radio"/> 3 Bentonite 4 Other																																																											
Grout Plug Intervals From <b>0</b> ft. to <b>67</b> 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) <b>5/16/06</b> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <b>554</b> This Water Well Record was completed on (mo/day/yr) <b>6/26/06</b> under the business name of <b>Woofter Pump &amp; Well Inc.</b> 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.																																																											