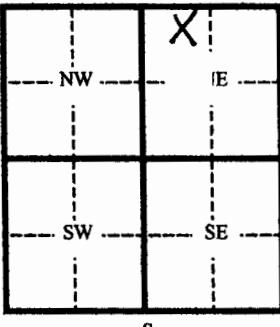
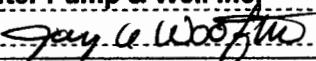


WATER WELL PLUGGING RECORD

Form WWC-5P

KSA 82a-1212

ID No. **MW13**

1 LOCATION OF WATER WELL:		Fraction County: Gray NE $\frac{1}{4}$ NW $\frac{1}{4}$ NE $\frac{1}{4}$	Section Number 11	Township Number 26	Range Number 28																																																
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 Board of Agriculture, Division of Water Resources City, State, ZIP Code Cimarron, KS 67835 Application Number:																																																					
3 MARK WELL'S LOCATON WITH AN "X" IN SECTION BOX:		4 DEPTH OF WELL 50 ft.																																																			
		WELL'S STATIC WATER LEVEL Dry ft.																																																			
WELL WAS USED AS:																																																					
1 Domestic 2 Irrigation 3 Feedlot 4 Industrial			5 Public Water Supply 6 Oil Field Water Supply 7 Lawn and Garden (domestic) 8 Air Conditioning	9 Dewatering 10 Monitoring Well 11 Injection Well 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:																																																					
1 Steel 2 PVC 3 RMP (SR) 4 ABC																																																					
5 Wrought 6 Asbestos-Cement 7 Fiberglass 8 Concrete Tile																																																					
9 Other (specify below)																																																					
Blank casing diameter 2 in. Was casing pulled? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, how much Overdrilled 3 ft																																																					
Casing height above or below land surface -36 in.																																																					
6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other																																																					
Grout Plug Intervals From 0 ft. to 50 ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.																																																					
What is the nearest source of possible contamination:																																																					
1 Septic tank 2 Sewer lines 3 Watertight sewer lines 4 Lateral lines 5 Cess Pool			6 Seepage pit 7 Pit privy 8 Sewage lagoon 9 Feedyard 10 Livestock pens	11 Fuel storage 12 Fertilizer storage 13 Insecticide storage 14 Abandoned water well 15 Oil well/ Gas well																																																	
16 Other (specify below) Previously Contaminated Site																																																					
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>50</td> <td>3</td> <td></td> <td colspan="3">Bentonite</td> </tr> <tr> <td>3</td> <td>0</td> <td></td> <td colspan="3">Native Soil</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>						FROM	TO	CODE	PLUGGING MATERIALS			50	3		Bentonite			3	0		Native Soil																																
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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) 5/16/06 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) 6/26/06 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.																																																					