

## WATER WELL PLUGGING RECORD

Form WWC-5P

KSA 82a-1212

ID No.

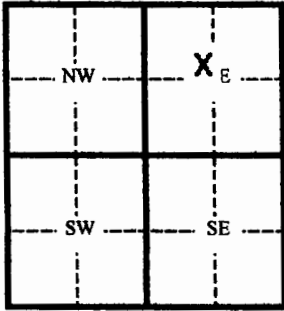
AS-4

<b>1</b> LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: <b>Gray</b>	<b>SE 1/4 NW 1/4 NE 1/4</b>	<b>11</b>	<b>26</b>	<b>28</b>
Distance and direction from nearest town or city street address of well if located within city?				

<b>2</b> WATER WELL OWNER: <b>Grain Growers Coop</b>	Board of Agriculture, Division of Water Resources Application Number: <b>AS-4</b>
RR#, St. Address, Box # <b>202 N. Main</b>	
City, State, ZIP Code : <b>Cimarron, Ks 67835</b>	

<b>3</b> MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:	<b>4</b> DEPTH OF WELL <b>55</b> ft.												
	WELL'S STATIC WATER LEVEL <b>50.78</b> ft.												
	WELL WAS USED AS:												
	<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>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 <b>Air Sparge</b></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 <b>Air Sparge</b>
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Was a chemical/bacteriological sample submitted to Department? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, mo/day/yr sample was submitted _____ Water Well Disinfected: Yes <input type="checkbox"/> No <input type="checkbox"/>													

<b>5</b> TYPE OF BLANK CASING USED:										
<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><b>2</b> PVC</td> <td>4 ABC</td> <td>6 Asbestos-Cement</td> <td>8 Concrete Tile</td> <td></td> </tr> </table>	1 Steel	3 RMP (SR)	5 Wrought	7 Fiberglass	9 Other (specify below)	<b>2</b> PVC	4 ABC	6 Asbestos-Cement	8 Concrete Tile	
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Blank casing diameter _____ in. Was casing pulled? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, how much <b>3 ft</b>										
Casing height above or below land surface <b>-36</b> in.										

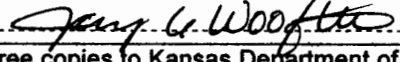
  

<b>6</b> GROUT PLUG MATERIAL:	1 Neat cement	2 Cement grout	<b>3</b> Bentonite	4 Other _____																				
Grout Plug Intervals From <b>55</b> ft. to <b>3</b> ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.																								
What is the nearest source of possible contamination:																								
<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>					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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Direction from well? _____		How many feet? _____																						

FROM	TO	CODE	PLUGGING MATERIALS
<b>55</b>	<b>3</b>		<b>bentonite</b>
<b>3</b>	<b>0</b>		<b>Over burden soil</b>
			<b>Over drilled to 3 ft</b>

<b>7</b>	CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/yr) <b>5 30 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>6-23-06</b> under the business name of <b>Woofert Pump &amp; Well Inc.</b> by (signature) 
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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.