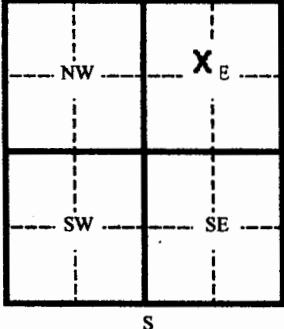


## WATER WELL PLUGGING RECORD

Form WWC-5P

KSA 82a-1212

ID No. AS-6

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: <b>AS-6</b>																																																																	
3 MARK WELL'S LOCATON WITH AN "X" IN SECTION BOX:		<table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td colspan="2" style="text-align: center;">N</td></tr> <tr><td style="text-align: center;">W</td><td style="text-align: center;">X</td></tr> <tr><td colspan="2" style="text-align: center;">E</td></tr> <tr><td colspan="2" style="text-align: center;">S</td></tr> </table> <span style="display: inline-block; vertical-align: middle; text-align: center;"> <b>WELL'S STATIC WATER LEVEL</b> <b>42.93</b> ft.  <b>WELL WAS USED AS:</b>            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> </span>				N		W	X	E		S																																																					
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 <b>Was a chemical/bacteriological sample submitted to Department?</b> Yes <input type="checkbox"/> No <input type="checkbox"/> <b>If yes, mo/day/yr sample was submitted</b> _____ <b>Water Well Disinfected:</b> Yes <input type="checkbox"/> No <input type="checkbox"/>																																																																	
<b>5 TYPE OF BLANK CASING USED:</b> 1 Steel      3 RMP (SR)      5 Wrought      7 Fiberglass      9 Other (specify below) <input checked="" type="checkbox"/> 2 PVC      4 ABC      6 Asbestos-Cement      8 Concrete Tile <b>Blank casing diameter</b> <u>1</u> in. <b>Was casing pulled?</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <b>If yes, how much</b> <u>3 ft</u> <b>Casing height above or below land surface</b> <u>-36</u> in.																																																																	
<b>6 GROUT PLUG MATERIAL:</b> 1 Neat cement      2 Cement grout <input checked="" type="checkbox"/> 3 Bentonite      4 Other _____ <b>Grout Plug Intervals</b> From <u>55</u> ft. to <u>3</u> ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.																																																																	
<b>What is the nearest source of possible contamination:</b> 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																																																																	
<b>Direction from well?</b> _____ <b>How many feet?</b> _____																																																																	
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">FROM</th> <th style="width: 10%;">TO</th> <th style="width: 10%;">CODE</th> <th colspan="3" style="width: 60%;">PLUGGING MATERIALS</th> </tr> </thead> <tbody> <tr> <td><b>55</b></td> <td><b>3</b></td> <td></td> <td colspan="3"><b>bentonite</b></td> </tr> <tr> <td><b>3</b></td> <td><b>0</b></td> <td></td> <td colspan="3"><b>Over burden soil</b></td> </tr> <tr> <td></td> <td></td> <td></td> <td colspan="3"><b>Over drilled to 3 ft</b></td> </tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>						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>																																						
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<b>7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:</b> This water well was plugged under my jurisdiction and was completed on (mo/day/yr) <u>5 30 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>6-23-06</u> under the business name of <u>Woofter Pump &amp; Well Inc.</u> by (signature) <u>Ray G. Woofter</u>																																																																	
<b>INSTRUCTIONS:</b> 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.																																																																	