

## WATER WELL PLUGGING RECORD

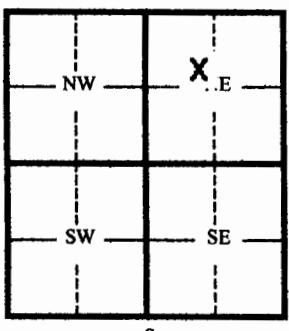
Form WWC-5P

KSA 82a-1212

ID No. SV-1

|                           |                                                             |                      |                       |                    |
|---------------------------|-------------------------------------------------------------|----------------------|-----------------------|--------------------|
| 1 LOCATION OF WATER WELL: | Fraction<br>County: <u>Gray</u> <u>SE 1/4 NW 1/4 NE 1/4</u> | Section Number<br>11 | Township Number<br>26 | Range Number<br>28 |
|---------------------------|-------------------------------------------------------------|----------------------|-----------------------|--------------------|

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><br>RR#, St. Address, Box # <b>202 N. Main</b><br>City, State, ZIP Code <b>Cimarron, KS 67835</b> | Board of Agriculture, Division of Water Resources<br>Application Number:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                   |                       |              |              |                          |                    |           |                              |                   |              |                    |                                                                   |
| 3 MARK WELL'S LOCATON WITH AN "X" IN SECTION BOX:<br><br>     | 4 DEPTH OF WELL <b>42</b> ft.<br><br>WELL'S STATIC WATER LEVEL <b>NA</b> ft.<br><br>WELL WAS USED AS:<br><br><table border="0"> <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><input checked="" type="radio"/> 12 Other <b>Vapor Extraction</b></td></tr> </table><br>Was a chemical/bacteriological sample submitted to Department? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/><br>If yes, mo/day/yr sample was submitted _____<br>Water Well Disinfected: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | 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 | <input checked="" type="radio"/> 12 Other <b>Vapor Extraction</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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input checked="" type="radio"/> 12 Other <b>Vapor Extraction</b> |                       |              |              |                          |                    |           |                              |                   |              |                    |                                                                   |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |            |                   |                 |                         |                         |                                        |       |                   |                 |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-------------------|-----------------|-------------------------|-------------------------|----------------------------------------|-------|-------------------|-----------------|--|
| 5 TYPE OF BLANK CASING USED:<br><br><table border="0"> <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><input checked="" type="radio"/> 2 PVC</td><td>4 ABC</td><td>6 Asbestos-Cement</td><td>8 Concrete Tile</td><td></td></tr> </table><br>Blank casing diameter <b>4</b> in. Was casing pulled? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, how much <b>Overdrilled 20 ft</b> | 1 Steel    | 3 RMP (SR)        | 5 Wrought       | 7 Fiberglass            | 9 Other (specify below) | <input checked="" type="radio"/> 2 PVC | 4 ABC | 6 Asbestos-Cement | 8 Concrete Tile |  |
| 1 Steel                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 3 RMP (SR) | 5 Wrought         | 7 Fiberglass    | 9 Other (specify below) |                         |                                        |       |                   |                 |  |
| <input checked="" type="radio"/> 2 PVC                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 4 ABC      | 6 Asbestos-Cement | 8 Concrete Tile |                         |                         |                                        |       |                   |                 |  |
| Casing height above or below land surface <b>-20 ft</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>42</b> ft. to <b>3</b> ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft. |                |                                              |               |

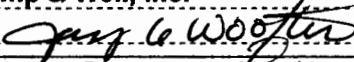
What is the nearest source of possible contamination:

|                          |                   |                         |                                     |
|--------------------------|-------------------|-------------------------|-------------------------------------|
| 1 Septic tank            | 6 Seepage pit     | 11 Fuel storage         | 16 Other (specify below)            |
| 2 Sewer lines            | 7 Pit privy       | 12 Fertilizer storage   | <b>Previously Contaminated Site</b> |
| 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? \_\_\_\_\_

| FROM      | TO       | CODE | PLUGGING MATERIALS     |
|-----------|----------|------|------------------------|
| <b>42</b> | <b>3</b> |      | <b>Bentonite Grout</b> |
| <b>3</b>  | <b>0</b> |      | <b>Native Soil</b>     |
|           |          |      |                        |
|           |          |      |                        |
|           |          |      |                        |
|           |          |      |                        |
|           |          |      |                        |

|                                                                                                                                                                                                                                                                                                                                                                                                         |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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.