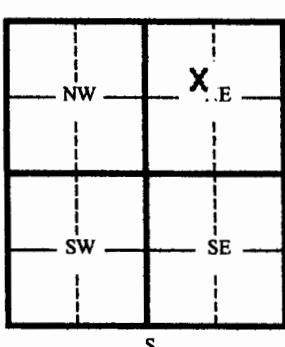
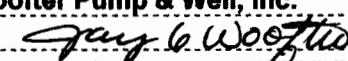


## WATER WELL PLUGGING RECORD

Form WWC-5P

KSA 82a-1212

ID No. **SV-2**

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>		Board of Agriculture, Division of Water Resources Application Number:															
RR#, St. Address, Box # <b>202 N. Main</b>																	
City, State, ZIP Code : <b>Cimarron, KS 67835</b>																	
3 MARK WELL'S LOCATON WITH AN "X" IN SECTION BOX:		4 DEPTH OF WELL <b>40</b> ft.															
		WELL'S STATIC WATER LEVEL <b>NA</b> ft.															
WELL WAS USED AS:																	
<table> <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>						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>
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4 Industrial	8 Air Conditioning	<input checked="" type="radio"/> 12 Other <b>Vapor Extraction</b>															
Was a chemical/bacteriological sample submitted to Department?																	
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		3 RMP (SR)	5 Wrought	7 Fiberglass	9 Other (specify below)												
<input checked="" type="radio"/> PVC		4 ABC	6 Asbestos-Cement	8 Concrete Tile													
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>													
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>40</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>40</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.																	