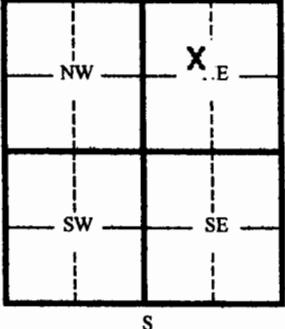
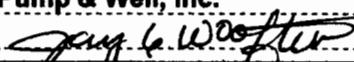


## WATER WELL PLUGGING RECORD

Form WWC-5P

KSA 82a-1212

ID No. **VOBW-2**

1 LOCATION OF WATER WELL:		Fraction SE 1/4 NW 1/4 NE 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 City, State, ZIP Code Cimarron, KS 67835					Board of Agriculture, Division of Water Resources Application Number:																																																								
3 MARK WELL'S LOCATON WITH AN "X" IN SECTION BOX:		4 DEPTH OF WELL 42 ft. WELL'S STATIC WATER LEVEL dry ft. WELL WAS USED AS:																																																													
		<table> <tr><td>1 Domestic</td><td>5 Public Water Supply</td></tr> <tr><td>2 Irrigation</td><td>6 Oil Field Water Supply</td></tr> <tr><td>3 Feedlot</td><td>7 Lawn and Garden (domestic)</td></tr> <tr><td>4 Industrial</td><td>8 Air Conditioning</td></tr> </table>					1 Domestic	5 Public Water Supply	2 Irrigation	6 Oil Field Water Supply	3 Feedlot	7 Lawn and Garden (domestic)	4 Industrial	8 Air Conditioning	<table> <tr><td>9 Dewatering</td></tr> <tr><td>10 Monitoring Well</td></tr> <tr><td>11 Injection Well</td></tr> <tr><td>12 Other</td></tr> </table>	9 Dewatering	10 Monitoring Well	11 Injection Well	12 Other																																												
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Was a chemical/bacteriological sample submitted to Department? If yes, mo/day/yr sample was submitted Water Well Disinfected: Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>							Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>																																																								
5 TYPE OF BLANK CASING USED:							9 Other (specify below)																																																								
<input checked="" type="radio"/> PVC		<input type="radio"/> Steel <input type="radio"/> RMP (SR)		<input type="radio"/> Wrought <input type="radio"/> Fiberglass																																																											
Blank casing diameter <b>2</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    3 Bentonite    4 Other																																																															
Grout Plug Intervals From <b>42</b> ft. to <b>3</b> ft. From							ft. From																																																								
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?																																																								
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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) <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.																																																															