WATER WELL PLUGGING RECORD Form WWC-5P KSA 82a-1212 ID No. _____

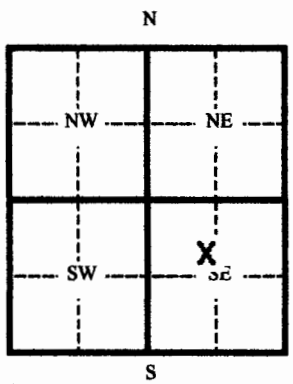
1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: **Decatur**	**SW ¼ NW ¼ SE ¼**	**32**	**5**	**26**

Distance and direction from nearest town or city street address of well if located within city?

2 WATER WELL OWNER: **MW Enterprises LLC**
RR#, St. Address, Box # **306 North Walnut**
City, State, ZIP Code : **Paola, KS 66071**

Board of Agriculture, Division of Water Resources
Application Number:

3 MARK WELL'S LOCATON WITH AN "X" IN SECTION BOX:



4 DEPTH OF WELL **54** ft.

WELL'S STATIC WATER LEVEL **20** ft.

WELL WAS USED AS:

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

Was a chemical/bacteriological sample submitted to Department? Yes ___ No X
If yes, mo/day/yr sample was submitted _____
Water Well Disinfected: Yes X No ___

5 TYPE OF BLANK CASING USED:

[1] Steel	3 RMP (SR)	5 Wrought	7 Fiberglass	9 Other (specify below)
2 PVC	4 ABC	6 Asbestos-Cement	8 Concrete Tile	

Blank casing diameter **16** in. Was casing pulled? Yes ___ No X If yes, how much _____

Casing height above or below land surface _____ in.

6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout [3 Bentonite] 4 Other _____

Grout Plug Intervals From **3** ft. to **6** 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	**None**
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
0	3		**Clay**
3	6		**Bentonite**
6	20		**Clay**
20	54		**Chlorinated sand**

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/yr) **11/14/06** and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **554** This Water Well Record was completed on (mo/day/yr) _____ under the business name of **Woofter Pump & Well**

by (signature) Jerry G Woofter

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.