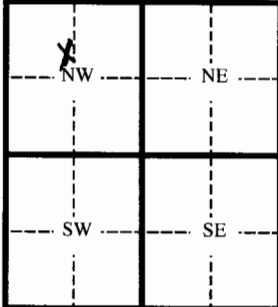


WATER WELL PLUGGING RECORD

FORM WWC-5P

KSA 82a-1212

1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number																																
County: Decatur	SE 1/4 NW 1/4 NW 1/4	19	5	29 W																																
Distance and direction from nearest town or city street address of well if located within city?																																				
2 WATER WELL OWNER: Vivian Green																																				
RR#, St. Address, Box # 47060 Westward HO																																				
City, State, ZIP Code : Gualala, CA 95445																																				
Board of Agriculture, Division of Water Resources Application Number: 20080287																																				
3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF WELL 80 ft.																																		
N		WELL'S STATIC WATER LEVEL 55 ft.																																		
		WELL WAS USED AS:																																		
W		1 Domestic 2 Irrigation 3 Feedlot 4 Industrial 5 Public Water Supply ☒ 6 Oil Field Water Supply 7 Lawn and Garden (domestic) 8 9 Dewatering 10 Monitoring Well 11 Injection Well 12 Other																																		
S		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 ☒ 2 PVC 3 RMP (SR) 4 ABC 5 Wrought 6 Asbestos-Cement 7 Fiberglass 8 Concrete Tile 9 Other (specify below)																																				
Blank casing diameter 4.5 in. Was casing pulled? Yes _____ No X If yes, how much _____																																				
Casing height above or below land surface -36 in.																																				
6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout <u>3 Bentonite</u> 4 Other _____																																				
Grout Plug Intervals From 3 ft. to 6 ft. From 52 ft. to 55 ft. From _____ ft. to _____ ft.																																				
What is the nearest source of possible contamination:																																				
1 Septic tank 2 Sewer lines 3 Watertight sewer lines 4 Lateral lines 5 Cess Pool 6 Seepage pit 7 Pit privy 8 Sewage lagoon 9 Feedyard 10 Livestock pens 11 Fuel storage 12 Fertilizer storage 13 Insecticide storage 14 Abandoned water well 15 Oil well/ Gas well 16 Other (specify below)																																				
Direction from well? _____ How many feet? _____																																				
<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 style="width:70%;">PLUGGING MATERIALS</th> </tr> </thead> <tbody> <tr> <td>80</td> <td>55</td> <td></td> <td>Chlorinated Sand</td> </tr> <tr> <td>55</td> <td>52</td> <td></td> <td>Bentonite</td> </tr> <tr> <td>52</td> <td>6</td> <td></td> <td>Clay</td> </tr> <tr> <td>6</td> <td>3</td> <td></td> <td>Bentonite</td> </tr> <tr> <td>3</td> <td>0</td> <td></td> <td>Native Soil</td> </tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>					FROM	TO	CODE	PLUGGING MATERIALS	80	55		Chlorinated Sand	55	52		Bentonite	52	6		Clay	6	3		Bentonite	3	0		Native Soil								
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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) 2/01/09 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 554783 This Water Well Record was completed on (mo/day/yr) 9/01/09 under the business name of Woofter Pump & Well Inc. by (signature) <i>[Signature]</i>																																				
INSTRUCTIONS: Please fill in blanks and circle the correct answers. Send three copies to Kansas Department of Health and Environment, Bureau of Water, Topeka, Kansas 66620-0001. Telephone: 785-296-3565. Send one to Water Well Owner and retain one for your records.																																				