

1	LOCATION OF WATER WELL:	Fraction <i>SE SE NW</i> $\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$	Section Number <i>31</i>	Township Number <i>11</i>	Range Number <i>25</i> <i>EW</i>
County: <i>Wagando Hc</i>					

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

4201 Shawnee Drive, Kansas City, KS MW-5

2	WATER WELL OWNER: <i>Coastal Mar + 1152</i>	
RR #, St. Address, Box #: <i>2 n. Nevada</i>		Board of Agriculture, Division of Water Resources
City, State, ZIP Code: <i>Colorado Springs, Co 80903</i>		Application Number:

3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4	DEPTH OF WELL <i>10</i> ft.												
		WELL'S STATIC WATER LEVEL <i>DRY</i> ft.													
		WELL WAS USED AS:													
		<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><input checked="" type="checkbox"/> 10 Monitoring Well</td> </tr> <tr> <td>3 Feedlot</td> <td>7 Domestic (Lawn & Garden)</td> <td>11 Injection Well</td> </tr> <tr> <td>4 Industrial</td> <td>8 Air Conditioning</td> <td>12 Other</td> </tr> </table>		1 Domestic	5 Public Water Supply	9 Dewatering	2 Irrigation	6 Oil Field Water Supply	<input checked="" type="checkbox"/> 10 Monitoring Well	3 Feedlot	7 Domestic (Lawn & Garden)	11 Injection Well	4 Industrial	8 Air Conditioning	12 Other
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Was a chemical / bacteriological sample submitted to Department? Yes No <i>X</i> If yes, mo/day/yr sample was submitted															
Water Well Disinfected: Yes No <i>X</i>															

5	TYPE OF BLANK CASING USED:											
<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="checkbox"/> 2 PVC</td> <td>4 ABS</td> <td>6 Asbestos-Cement</td> <td>8 Concrete Tile</td> <td></td> </tr> </table>		1 Steel	3 RMP (SR)	5 Wrought	7 Fiberglass	9 Other (Specify below)	<input checked="" type="checkbox"/> 2 PVC	4 ABS	6 Asbestos-Cement	8 Concrete Tile		
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Blank casing diameter <i>2</i> in.		Was casing pulled? Yes No <i>X</i> If yes, how much										
Casing height above or below land surface <i>0</i> in.		<i>OVERDRIILLED</i>										

6	GROUT PLUG MATERIAL:		1 Neat cement	2 Cement grout	3 Bentonite	4 Other																				
Grout Plug Intervals:		From <i>2</i> ft.	to <i>10</i> ft.,	From ft.	to ft.,	From to ft.																				
What is the nearest source of possible contamination:																										
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Direction from well? <i>Northwest</i>		How many feet? <i>90</i>																								

FROM	TO	PLUGGING MATERIALS
<i>0</i>	<i>4"</i>	<i>Concrete</i>
<i>4"</i>	<i>2'</i>	<i>Native</i>
<i>2</i>	<i>10</i>	<i>Bentonite</i>

*Lock # 44518**TRAC # 173618*

7	CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) <i>9-24-03</i> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <i>705</i> This Water Well Record was completed on (mo/day/year) <i>9-28-03</i> by (signature) <i>[Signature]</i> under the business name of <i>Handex</i>	
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INSTRUCTIONS: Use typewriter or ball point pen. Please press firmly and print clearly. Please fill in blanks, underline or circle the correct answers. Send top three copies to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 785/296-5522. Send one to Water Well Owner and retain one for your records.