

Plugging MW-3
0027893

1	LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County:	Sedgewick	NW 1/4 NW 1/4 NW 1/4	18	27S	2E

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

6485 E 13th

2	WATER WELL OWNER: COASTAL Hart INC	Board of Agriculture, Division of Water Resources Application Number:
RR #, St. Address, Box #: City, State, ZIP Code :		

3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4	DEPTH OF WELL 15 ft WELL'S STATIC WATER LEVEL 8:25 ft. WELL WAS USED AS: 1 Domestic 5 Public Water Supply 8 Dewatering 2 Irrigation 6 Oil Field Water Supply 9 Monitoring Well 3 Feedlot 7 Domestic (Lawn & Garden) 11 Injection Well 4 Industrial 8 Air Conditioning 12 Other
		Was a chemical / bacteriological sample submitted to Department? Yes No ☒ If yes, mo/day/yr sample was submitted Water Well Disinfected: Yes No ☒	

5	TYPE OF BLANK CASING USED:
1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (Specify below) 2 PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile Blank casing diameter 2 in. Was casing pulled? Yes ☒ No 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 20 ft., From ft. to ft., From to ft.
What is the nearest source of possible contamination: 1 Septic tank 6 Seepage pit 11 Fuel storage 12 Fertilizer storage 2 Sewer lines 7 Pit privy 13 Insecticide storage 14 Abandoned water well 3 Watertight sewer lines 8 Sewage lagoon 15 Oil well/Gas well 4 Lateral lines 9 Feedyard 5 Cess Pool 10 Livestock pens Direction from well? How many feet?	

FROM	TO	PLUGGING MATERIALS
3	20	Bentonite
3	0	silts & clay

7	CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 9/3/01 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 585 This Water Well Record was completed on (mo/day/year) 10/9/01 under the business name of ACI by (signature) Adunyan A. D. A.
---	--

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, Topeka, Kansas 66620-0001. Telephone: 785/296-3565. Send one to Water Well Owner and retain one for your records.