GSI Job No. 037054 **MW-2**

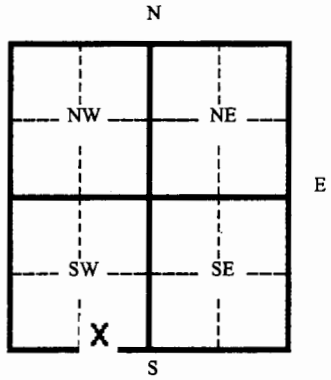
WATER WELL PLUGGING RECORD Form WWC-5P KSA 82a-1212 ID No. **00170060**

1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: **Sedgwick**	**SW ¼ SE ¼ SW ¼**	**20**	**27**	**2 E**

Distance and direction from nearest town or city street address of well if located within city?
57' S of SW corner of Coastal Mart Building

2 WATER WELL OWNER: **Coastal Mart, Inc.**
RR#, St. Address, Box # **2 N. Nevada** Board of Agriculture, Division of Water Resources
City, State, ZIP Code : **Colorado Springs, CO 80903** Application Number:

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



4 DEPTH OF WELL **16** ft.

WELL'S STATIC WATER LEVEL **13.52** 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 ___ No X

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

Casing height above or below land surface ___ in. **Overdrilled 16 feet**

6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout (3 Bentonite) 4 Other

Grout Plug Intervals From **0** ft. to **16** 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
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	16		Bentonite

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/yr) **3-14-03** and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **531** This Water Well Record was completed on (mo/day/yr) **3-27-03** under the business name of **Geotechnical Services, Inc.**
by (signature) [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.

Form provided by Forms On-A-Disk, Inc. Dallas, Texas (214) 340-9429