

WATER WELL PLUGGING RECORD

Form WWC-5P

KSA 82a-1212

ID No. 00264484

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number																																				
County: Sedgwick		SW 1/4 SE 1/4 SW 1/4	20	27	2 E																																				
Distance and direction from nearest town or city street address of well if located within city? 27' N, 22'W of NW 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 15 ft.																																							
		WELL'S STATIC WATER LEVEL 13.44 ft.																																							
		WELL WAS USED AS:																																							
		1 Domestic 2 Irrigation 3 Feedlot 4 Industrial 5 Public Water Supply 6 Oil Field Water Supply 7 Lawn and Garden (domestic) 8 Air Conditioning 9 Dewatering 10 Monitoring Well 11 Injection Well 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 2 PVC 3 RMP (SR) 4 ABC 5 Wrought 6 Asbestos-Cement 7 Fiberglass 8 Concrete Tile 9 Other (specify below)																																									
Blank casing diameter 2 in. Was casing pulled? Yes X No ___ If yes, how much 15																																									
Casing height above or below land surface _____ in. Overdrilled 15 feet																																									
6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____																																									
Grout Plug Intervals From 0 ft. to 15 ft. From _____ ft. to _____ 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>FROM</th> <th>TO</th> <th>CODE</th> <th>PLUGGING MATERIALS</th> </tr> </thead> <tbody> <tr> <td>0</td> <td>15</td> <td></td> <td>Bentonite</td> </tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </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	0	15		Bentonite																												
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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) 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)																																									
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.																																									