M	W	-8
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WATER WELL	PLUGGING RECORD

Form WWC-5P

KSA 82a-1212

ID NO._

1	LOCAT	TION OF W	ATER WELL:		Fraction	Section Number	Township	Number	Range	Nι	ımber
Cou	County: Crawford				SE 14 SW 14 SE 14	19		30		25	€⁄W
		direction fro			eity street address of well if loc	-			J		<u> </u>
	50 feet east of 434 West 4th Street, Pittsburg, KS										
2	WATER WELL OWNER: Coastal Mart, Inc. RR #. St. Address, Box #: 2 North Nevada, Room 472 Board of Agriculture, Division of Water Resources										
City, State, ZIP Code : Colorado Springs, Colorado 80% Application Number:											
3 MARK WELL'S LOCATION WITH						22 ft.					
	AN A	AN "X" IN SECTION BOX:			WELL'S STATIC WATE	R LEVEL 4.94 ft.					
					WELL WAS USED AS:						
	NV	v — —	NE	-	1 Domestic 2 Irrigation	5 Public Water Supply6 Oil Field Water Supply		9 Dewaterin			
w				E	3 Feedlot 4 Industrial	7 Domestic (Lawn & Ga 8 Air Conditioning		11 Injection 12 Other	Well		
					Was a chemical / bacteriolo	gical sample submitted to De	partment? Ye	·s	No. X		
	sv	/	SE		if yes, mo/day/yr sample wa	as submitted					
		l_s	_X]	J	Water Well Disinfected: Ye	98 NoX					
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										
6		T PLUG MA			eat cement 2 Cement gro	ut 3 Bentonite 4 C	Other		3 .		 15 ft
Г		Plug Interva	ls: Fron st source of pos		ft. to ft. contamination:	, Fromft. to	ft.	, From	t	0	!. <u></u> ft
	1 S	eptic tank			6 Seepage pit	11 Fuel storage	1	6 Other (spec	cify below)		
	3 W	ewer lines /atertight se	wer lines		7 Pit privy 8 Sewage lagoon	12 Fertilizer storage 13 Insecticide storage			•••••••	•••••	
4 Lateral lines 5 Cess pool				9 Feedyard 10 Livestock pens	14 Abandoned water w 15 Oil well/Gas well	vell					
	Directi	on from we	II?		How many	feet?					
	FROM	то		PL	JGGING MATERIALS						
	0	3	Native s	soil	capped with asphal	t					
	3	15	Bentoni	te							
	15	22	Clean s	an	d						
7	CONT (mo/da	RACTOR'S y/year)	5 05 /ANDO	10.	R'S CERTIFICATION: This	water well was plugged and this record is true	under my ju to the best of	urisdiction at of my knowle	nd was co dge and be	mplet lief. K	ed on ansas
(mo/day/year)											
		nature)			Allg						
INS ans	STRUCTI swers. Se	ONS: Use and top thr	typewriter or ee copies to h	ball (ans	point pen Please press firm as Department of Health a	<u>mly</u> and <u>print</u> clearly. Pleas nd Environment, Bureau o	se fill in blan of Water, Ge	ks, underline ology Section	e or circle t n, 1000 SV	the co N Jac	orrect okson

St., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 785/296-5522. Send one to Water Well Owner and retain one for your records.