DΝ	O	RW	-1			
r .		Range		Num	ber	_
			25	5	(E)v	٧
-						-
ourc	es					
						_

WATER WELL PLUGGING RECO	RD
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Form WWC-5P

KSA 82a-1212

1,000	TION OF WA	TED WELL	Fraction	Section Number	Township Months	D. N					
	TION OF WA	IER WELL:			Township Number .	Range Number					
County.	rawford		SE 1/4 SW 1/4 SE 1/4	19	30	25 <sub>EW</sub>					
Distance and direction from nearest town or city street address of well if located within city?  434 West 4th Street, Pittsburg, KS											
2 WATER WELL OWNER: Coastal Mart, Inc.											
RR #, St. Address, Box #: 2 North Nevada, Room 472  City, State, ZIP Code : Colorado Springs, Colorado 80% Application Number:											
3 MARK WELL'S LOCATION WITH 4 DEPTH OF WELL											
AN "X" IN SECTION BOX:  WELL'S STATIC WATER LEVEL 0.55 ft.											
			WELL WAS USED AS:								
NV	v——	— NE	1 Domestic	5 Public Water Supply	9 Dewateri						
w w		-	2 Irrigation 3 Feedlot	<ul><li>6 Oil Field Water Suppl</li><li>7 Domestic (Lawn &amp; Ga</li></ul>	arden) 11 Injection	Well					
VV			4 Industrial	8 Air Conditioning							
sv	v	SE	Was a chemical / bacteriolo	gical sample submitted to De	partment? Yes N	۱۰X					
		X	Water Well Disinfected: Ye	• •	•••••						
<u> </u>	Ś		water well distillected: Ye	NO							
5 TYPE	OF BLANK C	ASING USED:									
1 Stee		MP (SR) 5 Wro			alow)						
			vestos-Cement 8 Concrei Was casing pulled?		If yes, how much	5 feet					
Casing	g height abov	e or below land su	face	in.	If yes, now muc	2n					
6 GROU	T PLUG MAT	ERIAL: 1 Ne	eat cement 2 Cement grou		ther						
Grout Plug Intervals: From											
1 S	eptic tank		6 Seepage pit	11 Fuel storage	16 Other (spec	cify below)					
2 Sewer lines 3 Watertight sewer lines			7 Pit privy 8 Sewage lagoon	12 Fertilizer storage 13 Insecticide storage	•••••						
4 Lateral lines 5 Cess pool			9 Feedyard 10 Livestock pens	vard 14 Abandoned water well							
	•	?		feet?							
	T	1			••••••						
FROM	то		JGGING MATERIALS								
0	3		capped with concret	e							
3	10	Bentonite									
10	15	Clean sand	1								
7 CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on											
(mo/day/year)											
by (signature)											
COUNTY TO CO											

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.