

1	LOCATION OF WATER WELL:	Fraction	Section	Number	Township	Number	Range	Number																											
	County: <b>Ellsworth</b>	<b>SE ¼ SW ¼ SE ¼</b>	<b>17</b>		<b>15 S</b>		<b>8 W</b>	<b>E 17</b>																											
Distance and direction from nearest town or city street address of well if located within city? <b>215 West Hwy 140, Ellsworth, Kansas</b>																																			
2	WATER WELL OWNER: <b>Coastal Mart Inc #2551</b>																																		
RR #, St. Address, Box #: <b>2 N. Nevada</b> Board of Agriculture, Division of Water Resources City, State, ZIP Code: <b>Co. Springs, CO 80903</b> Application Number: _____																																			
3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4	DEPTH OF WELL <b>32.73</b> ft.																															
<div style="text-align: center;"> </div>			WELL'S STATIC WATER LEVEL <b>27.85</b> ft.																																
			<b>MW-B</b>																																
			WELL WAS USED AS:																																
			<div style="display: flex; justify-content: space-between;"> <div> 1 Domestic 2 Irrigation 3 Feedlot 4 Industrial </div> <div> 5 Public Water Supply 6 Oil Field Water Supply 7 Domestic (Lawn &amp; Garden) 8 Air Conditioning </div> <div> 9 Dewatering 10 <b>Monitoring Well</b> 11 Injection Well 12 Other _____ </div> </div>																																
			Was a chemical / bacteriological sample submitted to Department? Yes _____ No <b>X</b> If yes, mo/day/yr sample was submitted _____ Water Well Disinfected: Yes _____ No <b>X</b>																																
5	TYPE OF BLANK CASING USED:																																		
1 Steel      3 RMP (SR)      5 Wrought      7 Fiberglass      9 Other (Specify below) <b>2 PVC</b> 4 ABS      6 Asbestos-Cement      8 Concrete Tile																																			
Blank casing diameter <b>2"</b> in.      Was casing pulled? Yes <b>X</b> No _____      If yes, how much <b>3'</b> Casing height above or below land surface <b>3'</b> in.																																			
6	GROUT PLUG MATERIAL:      1 Neat cement <b>2 Cement grout</b> <b>3 Bentonite</b> 4 Other _____																																		
Grout Plug Intervals:      From <b>0'</b> ft. to <b>3'</b> ft.,      From <b>3'</b> ft. to <b>32.73'</b> ft.,      From _____ to _____ ft.																																			
What is the nearest source of possible contamination:																																			
<div style="display: flex; justify-content: space-between;"> <div> 1 Septic tank 2 Sewer lines 3 Watertight sewer lines 4 Lateral lines 5 Cess pool </div> <div> 6 Seepage pit 7 Pit privy 8 Sewage lagoon 9 Feedyard 10 Livestock pens </div> <div> <b>11 Fuel storage</b> 12 Fertilizer storage 13 Insecticide storage 14 Abandoned water well 15 Oil well/Gas well </div> <div> 16 Other (specify below) _____ </div> </div>																																			
Direction from well? <b>North</b> How many feet? <b>5'</b>																																			
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:15%;">FROM</th> <th style="width:15%;">TO</th> <th style="width:70%;">PLUGGING MATERIALS</th> </tr> </thead> <tbody> <tr> <td><b>0'</b></td> <td><b>3'</b></td> <td><b>Concrete</b></td> </tr> <tr> <td><b>3'</b></td> <td><b>32.73'</b></td> <td><b>Bentonite</b></td> </tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>									FROM	TO	PLUGGING MATERIALS	<b>0'</b>	<b>3'</b>	<b>Concrete</b>	<b>3'</b>	<b>32.73'</b>	<b>Bentonite</b>																		
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7	CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) <b>3/22/2007</b> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <b>4412007</b> under the business name of <b>MWH Americas Inc</b> This Water Well Record was completed on (mo/day/year) _____ by (signature) <b>Kurt L Dahlinger</b>																																		
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.																																			