	Frm	9740	7	WATER WELL	PLUGGING RE	ECORD F	Form WWC-5P	KSA 82a-1212	ID NO. 249	409	
1	LOCATION O	F WATER WELL:	-	Fraction NV	V NE	Section	Number	Township N	lumber Range	Number	
	inty: Tr	mey		• 1/4 1/4	1/4	O		07	2	VV E/W	
Dist	tance and directio	n from nearest to	wn or c	ity street addres	s of well if loca	ted within cit		1.4	V		
-т	2505 Floming St., Garden City, KS										
2	WATER WELL OWNER: COASTAL MANTY IN #9749 MW-5K										
	RR #, St. Address, Box #: Nevada City, State, ZIP Code : Olo, Springs Co 2003 Application Number:										
3	MARK WELL'S LOCATION WITH		4 DEFTH	OF WELL	9.05	ft.					
	AN "X" IN SECTION BOX:			WELL'S	WELL'S STATIC WATER LEVEL 12 ts.						
Г	N N			WELL WAS USED AS:							
		\sim		WELL W	AS USED AS:						
ŀ	NW	NE			omestic rigation		Water Supply		Dewatering		
					eedlot		6 Oil Field Water Supply 7 Domestic (Lawn & Garden) 11 Injection Well				
W			— E	4 lr	ndustrial	8 Air C	onditioning	12	Other		
				Was a chemical / bacteriological sample submitted to Department? Yes							
					isinfected: Ye						
		S									
5 TYPE OF BLANK CASING USED:											
1_Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (Specify below)											
	(2) VC	4 ABS	6 Ast	estos-Cement	8 Concret	te Tile	~		21		
Blank casing diameter in. Was casing pulled? Yes No If yes, how much Scasing height above or below land surface in.											
6	GROUT PLUG MATERIAL: 1 Neat cement 2 cement grout 3 tentonite 4 Other										
	Grout Plug Intervals: From										
1 Septic tank							l storage	16.0	ther (specify below)		
2 Sewer lines			7 Pit privy	•	12 Fer	tilizer storage					
Watertight sewer lines Lateral lines			8 Sewage 9 Feedyard			ecticide storage andoned water v	woll				
5 Cess pool				10 Livestock			well/Gas well	weii	•		
MYST 20'											
Direction from well?V											
1	FROM T	o	PLI	UGGING MATE	RIALS						
	1) 1	3 7	nr	non t							
	3 aà	2		n doi: d	<u> </u>						
		103		IJUNU							
CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed or											
(mo/day/year)											
	by (signature	2007 / un		e business nai	me of	rn	WH a	Mory Ca	s, Inc		
	by (signature	" (1)	ta	& Da	MUNA	7 —					
INSTRUCTIONS: Use type writer or ball point pen. <u>Please press armly</u> and <u>print</u> 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											
				•					otain one for your r		