

MW-1 R

1	LOCATION OF WATER WELL:	Fraction	Section	Number	Township	Number	Range	Number																								
	County: <u>Ford</u>	<u>NE 1/4 SE 1/4 SW 1/4</u>	<u>26</u>		<u>26S</u>		<u>25W</u>																									
Distance and direction from nearest town or city street address of well if located within city? <u>800 West Wyatt Earp Blvd. Dodge City, KS</u>																																
2	WATER WELL OWNER: <u>Castel Mart Inc.</u> RR #, St. Address, Box #: <u>2 North Nevada Ave</u> City, State, ZIP Code: <u>Colorado Springs, CO 80903</u>																															
Board of Agriculture, Division of Water Resources Application Number: _____																																
3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4	DEPTH OF WELL <u>54.55</u> ft																												
<div style="text-align: center;">N</div> <table border="1" style="width:100%; height: 100px; border-collapse: collapse;"> <tr> <td style="width: 50px;">NW</td> <td style="width: 50px;">NE</td> </tr> <tr> <td style="width: 50px;">SW</td> <td style="width: 50px;">SE</td> </tr> </table> <div style="text-align: center;">S</div>			NW	NE	SW	SE	WELL'S STATIC WATER LEVEL <u>43.41</u> ft.																									
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			WELL WAS USED AS:																													
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Was a chemical / bacteriological sample submitted to Department? Yes _____ No <u>X</u> If yes, mo/day/yr sample was submitted _____																																
Water Well Disinfected: Yes _____ No <u>X</u>																																
5	TYPE OF BLANK CASING USED:																															
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Blank casing diameter <u>2</u> in. Was casing pulled? Yes <u>X</u> No _____ If yes, how much <u>10 ft</u> Casing height above or below land surface <u>Flush</u> in.																																
6	GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout <u>3</u> Bentonite 4 Other <u>Concrete</u>																															
Grout Plug Intervals: From <u>54.55</u> ft. to <u>3</u> ft., From <u>3</u> ft. to <u>0</u> ft., From _____ to _____ ft.																																
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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/year) <u>2-5-09</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>710</u> This Water Well Record was completed on (mo/day/year) <u>2/12/09</u> under the business name of <u>Below Ground Surface, Inc.</u> by (signature) <u>[Signature]</u>																															
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, Topeka, Kansas 66620-0001. Telephone: 785/296-3565. Send one to Water Well Owner and retain one for your records.																																