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|---|-------------------------|---|---------|-----------|----------|-----------|-------|------------|
| 1 | LOCATION OF WATER WELL: | Fraction | Section | Number | Township | Number | Range | Number |
| | County: <u>WABASH</u> | <u>NW</u> $\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$ | | <u>34</u> | | <u>14</u> | | <u>12E</u> |

Distance and direction from nearest town or city street address of well if located within city?

NORTH Edge of HARVEYVILLE City Limits

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| 2 | WATER WELL OWNER: <u>RICHARD Thompson</u> |
| | RR #, St. Address, Box #: <u>HARVEYVILLE, KS 66431</u> |
| | City, State, ZIP Code: <u>HARVEYVILLE, KS 66431</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>23</u> ft. |
| | | | WELL'S STATIC WATER LEVEL <u>13</u> ft. |
| | | | WELL WAS USED AS: |
| | | | <input checked="" type="radio"/> 1 Domestic <input type="radio"/> 2 Irrigation <input type="radio"/> 3 Feedlot <input type="radio"/> 4 Industrial <input type="radio"/> 5 Public Water Supply <input type="radio"/> 6 Oil Field Water Supply <input type="radio"/> 7 Domestic (Lawn & Garden) <input type="radio"/> 8 Air Conditioning <input type="radio"/> 9 Dewatering <input type="radio"/> 10 Monitoring Well <input type="radio"/> 11 Injection Well <input type="radio"/> 12 Other |
| | | | 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 <u>X</u> No _____ |

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| 5 | TYPE OF BLANK CASING USED: |
| | 1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (Specify below) <u>Rock</u> 2 PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile |
| | Blank casing diameter _____ in. Was casing pulled? Yes _____ No _____ If yes, how much _____ |
| | Casing height above or below land surface _____ in. |

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| 6 | GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout <u>3</u> Bentonite 4 Other _____ |
| | Grout Plug Intervals: From _____ ft. to _____ ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft. |
| | What is the nearest source of possible contamination: |
| | 1 Septic tank 6 Seepage pit 11 Fuel storage 16 Other (specify below) 2 Sewer lines 7 Pit privy 12 Fertilizer storage 3 Watertight sewer lines 8 Sewage lagoon 13 Insecticide storage 4 Lateral lines 9 Feedyard <u>14</u> Abandoned water well 5 Cess Pool 10 Livestock pens 15 Oil well/Gas well |
| | Direction from well? <u>WEST</u> How many feet? <u>100</u> |

| FROM | TO | PLUGGING MATERIALS |
|--------------|-----------|---------------------------|
| <u>23</u> | <u>13</u> | <u>GRAVEL</u> |
| <u>13</u> | <u>7</u> | <u>COMPACTED SUB SOIL</u> |
| | | <u>BENTONITE PLUG</u> |
| <u>6 1/2</u> | | <u>SURFACE - TOP SOIL</u> |
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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>9-30-02</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. _____ This Water Well Record was completed on (mo/day/year) _____ under the business name of <u>JOHN'S DAZER SERVICE</u> by (signature) <u>John Dazer</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.