A LOCATION OF HATER HELL		Section Number	Township Number	Range Number
	raction		7/9S	Range Number
	E1/40E1/4 1/4		<u> </u>	
Crawl Space under House located. 1622 East South Avenue, Emporia KS				
2 WATER WELL OWNER: Harvey & Teresa Harrell				
RR#, St. Address, Box #: 1622 East South Avenue Board of Agriculture, Division of Water Resources				
City, State, ZIP Code: Emporia (S 6680) Application Number:				
3 MARK WELL'S LOCATION WITH 4 DEPTH OF WELL				
AN "X" IN SECTION BOX: N WELL'S STATIC WATER LEVEL/8ft.				
WELL WAS USED AS:				
N W N E 3	1)Domestic 2 Irrigation	5 Public Water Sup 6 Oil Field Water		7
Est South Ave. X	3 Feedlot	7 Lawn and Garden	Only 11 Injection	Well
W	4 Industrial	8 Air Conditioning	iz other	
S W S E Was a chemical/bacteriological sample submitted to Department? YesNo 🗶.				
If yes, mo/day/yr sample was submitted				
Water Well Disinfected: Yes No				
5 TYPE OF BLANK CASING USED:				
1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other, (specify below) 4				
2 PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile Old. Solvanized. STove P.pe				
Blank casing diameter 5.4. in. Was casing pulled? Yes No. X. If yes, how much				
6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout (3 pentonite 4 Other. Coment.				
Grout Plug Intervals: Fromft. toft., Fromft. toft., Fromft.				
What is the nearest source of possible contamination:				
2 Sewer lines	7 Pit privy	11 Fuel storage12 Fertilizer stora		ecify below)
	8 Sewage lagoon 9 Feedyard	13 Insecticide stor 14 Abandoned water	•	
5 Cess Pool 1	O Livestock pens	15 Oil well/Gas wel	l	
Direction from well? How many			** 4 5 5 5 7 * 6 7 5 8 8 8 8 8 8 8 8	
FROM TO PLUG	GING MATERIALS	a sinus varin		
44' Bentoni	e-43 42'			
经 数据 会				
1 0 Coment	-18" 24"			
	and the second s			
The contract of the contract o				
		-makes autore autore		
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed				
on (mo/day/year). April 19.1.1.1				
by (signature) Darwey Harvel				
INSTRUCTIONS: Use typewriter or ball point pen. Please press firmly and print clearly. Please fill in blanks,				
underline or circle the correct a	nswers. Send top thr	ee copies to Kansas	Department of Health	and Environment,
Bureau of Water, Topeka, Kansas 66620-0001. Telephone: 913/296-3565. Send one to Water Well Owner and retain one for your records.				