

1	LOCATION OF WATER WELL:	Fraction <u>NW 1/4 of Sec 21</u> 1/4 1/4 1/4	Section Number <u>21</u>	Township Number <u>23</u>	Range Number <u>1-E</u>
County: <u>Harvey</u>					

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

695 E 1st - Newton KS 67114

2	WATER WELL OWNER: <u>Alice Regehr</u> RR #, St. Address, Box #: <u>607 E. 1st St.</u> City, State, ZIP Code: <u>Newton, KS 67114</u>	Hand dug well - Abandoned Board of Agriculture, Division of Water Resources Application Number:
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<p>3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:</p> <div style="text-align: center;"> <p>N</p> <table border="1" style="margin: auto;"> <tr> <td style="width:25%; text-align: center;">X</td> <td style="width:25%;"></td> <td style="width:25%;"></td> <td style="width:25%;"></td> </tr> <tr> <td style="text-align: center;">NW</td> <td></td> <td style="text-align: center;">NE</td> <td></td> </tr> <tr> <td style="text-align: center;">W</td> <td></td> <td></td> <td style="text-align: center;">E</td> </tr> <tr> <td style="text-align: center;">SW</td> <td></td> <td style="text-align: center;">SE</td> <td></td> </tr> <tr> <td></td> <td style="text-align: center;">S</td> <td></td> <td></td> </tr> </table> </div>	X				NW		NE		W			E	SW		SE			S			<p>4 DEPTH OF WELL <u>35</u> ft.</p> <p>WELL'S STATIC WATER LEVEL <u>5</u> ft.</p> <p>WELL WAS USED AS:</p> <table style="width:100%;"> <tr> <td><input checked="" type="radio"/> 1 Domestic</td> <td><input type="radio"/> 5 Public Water Supply</td> <td><input type="radio"/> 9 Dewatering</td> </tr> <tr> <td><input type="radio"/> 2 Irrigation</td> <td><input type="radio"/> 6 Oil Field Water Supply</td> <td><input type="radio"/> 10 Monitoring Well</td> </tr> <tr> <td><input type="radio"/> 3 Feedlot</td> <td><input type="radio"/> 7 Domestic (Lawn &amp; Garden)</td> <td><input type="radio"/> 11 Injection Well</td> </tr> <tr> <td><input type="radio"/> 4 Industrial</td> <td><input type="radio"/> 8 Air Conditioning</td> <td><input type="radio"/> 12 Other</td> </tr> </table> <p>Was a chemical / bacteriological sample submitted to Department? Yes ..... No <input checked="" type="checkbox"/></p> <p>If yes, mo/day/yr sample was submitted .....</p> <p>Water Well Disinfected: Yes <input checked="" type="checkbox"/> No .....</p>	<input checked="" type="radio"/> 1 Domestic	<input type="radio"/> 5 Public Water Supply	<input type="radio"/> 9 Dewatering	<input type="radio"/> 2 Irrigation	<input type="radio"/> 6 Oil Field Water Supply	<input type="radio"/> 10 Monitoring Well	<input type="radio"/> 3 Feedlot	<input type="radio"/> 7 Domestic (Lawn & Garden)	<input type="radio"/> 11 Injection Well	<input type="radio"/> 4 Industrial	<input type="radio"/> 8 Air Conditioning	<input type="radio"/> 12 Other
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5	TYPE OF BLANK CASING USED:												
<table style="width:100%;"> <tr> <td>1 Steel</td> <td>3 RMP (SR)</td> <td>5 Wrought</td> <td>7 Fiberglass</td> <td>9 Other (Specify below) <u>Rock</u></td> </tr> <tr> <td>2 PVC</td> <td>4 ABS</td> <td>6 Asbestos-Cement</td> <td>8 Concrete Tile</td> <td></td> </tr> </table>				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	
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Blank casing diameter ..... in. Was casing pulled? Yes ..... No ..... If yes, how much .....													
Casing height above or below land surface ..... in.													

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

FROM	TO	PLUGGING MATERIALS
<u>35'</u>	<u>5'</u>	<u>Sand</u>
<u>5'</u>	<u>4'</u>	<u>Concrete grout</u>
<u>4'</u>	<u>0</u>	<u>Clay/Loam</u>

7	CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) <u>5/11/10</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>5/11/10</u> under the business name of <u>land owner</u> . This Water Well Record was completed on (mo/day/year) <u>5/11/10</u> by (signature) <u>Alice E. Regehr DPOA</u>
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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.

5-11-10

To Whom it May Concern  
I assisted the  
landowner in plugging  
the well & filling out  
the plugging form.

Scott Davies  
LEPP Harvey Co



**HARVEY COUNTY, KANSAS**

[www.harveycounty.com](http://www.harveycounty.com)

**Scott Davies**

Planning and Zoning Director  
Environmental

Harvey County Courthouse  
800 Main  
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