1 LOCATION OF WATER WELL:			Fraction	Section Number	Township Number	Range Number	
County: Harvey			SE1/4 SE 1/4NE 1/4	32	24	2 E,	
Distance and direction from nearest town or city street address of well if located within city?							
2 miles North and 1 mile West and 1/2 mile North of Furley, KS							
2 WATER WELL OWNER: David Day							
RR#, St. Address, Box #: 1770 South Rock Road City, State, ZIP Code: Wichita, KS 67207 Board of Agriculture, Division of Water Resources Application Number:							
MARK WELL'S LOCATION WITH 4 DEPTH OF WELL1.551.551.70ft. 3 holes							
AN A	N WELL'S STATIC WATER LEVELft.						
	WELL WAS USED AS:						
N	\w-	N E	1 Domestic				
		×	2 Irrigation 3 Feedlot	7 Lawn and Garden (Only 11 Injection	Well	
W	E 4 Industrial 8 Air Conditioning 1X OtherHeat.Pump						
s	1 @ 155; 1 @ 170 ft. S W S E Was a chemical/bacteriological sample submitted to Department? YesNo.X						
	If yes, mo/day/yr sample was submitted						
L	Water Well Disinfected: Yes No.X						
5 TYPE OF BLANK CASING USED:							
1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass % Other (specify below) 2 PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile Polyethlene							
Blank casing diameter3/.4in. Was casing pulled? Yes No If yes, how muchin.							
6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 🏋 Bentonite 4 Other							
Grout Plug Intervals: FromQft. to 155ft., From.Qft. to 1.55ft., FromQ to17.Qft.							
What is the nearest source of possible contamination:							
1 Septic tank 6 Seepage pit 11 Fuel storage 16 Other (specify below)							
2 Sei	wer lines	ewer lines	7 Pit privy	12 Fertilizer storag	ge		
3 Watertight sewer lines X 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							
Direction from well?West							
——————————————————————————————————————							
FROM	то	PLU	GGING MATERIALS				
0	1	Top So	il				
1	6	Tan Clay					
6	12	Green	Shale				
12	95	Dark G	ray Shale				
95	170	170 Limestone with small					
		shale l	ayers				
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:This water well was plugged under my jurisdiction and was completed on (mo/day/year)6-4-96 and this record is true to the best of my knowledge and belief. Kansas							
Water Wall Contractor's License No. 430 This Water Wall Pecond was completed on (mo/day/year)							
by (signature)							
INCIDICITIONS, the (unpurited of hell point Discount finds at the last transfer of the las							

INSTRUCTIONS: Use typewriter or ball point pen. <u>Please press firmly</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, Topeka, Kansas 66620-0001. Telephone: 913/296-3565. Send one to Water Well Owner and retain one for your records.