1 LOCATION OF WATER WELL:			Fraction	Section Number	Township	Number	Range Number	
County: SEDGWICK NW			NW 1/4 SW 1/4 SW 1/4	19		26	1E	
Distance and direction from nearest town or city street address of well if located within city?								
696'N AND 350.6'E OF THE SOUTHWEST CORNER OF SECTION 19								
2 WATER WELL OWNER: EQUUS BEDS GROUNDWATER MANAGEMENT DISTRICT NO. 2								
RR#, St. Address, Box #: City, State, ZIP Code: 313 SPRUCE STREET Board of Agriculture, Division of Water Resources HALSTEAD, KS67056-1928polication Number: N/A								
3 MARK WELL'S LOCATION WITH 4 DEPTH OF WELL								
AN "X" IN SECTION BOX: WELL'S STATIC WATER LEVEL1127ft.								
	WELL WAS USED AS:							
N	N W 1 Domestic 5 Public Water Supply 9 Dewatering							
			2 Irrigation	6 Oil Field Water	Supply 10	Monitoring Injection	g Well EB130A	
w			4 Industrial	7 Lawn and Garden (8 Air Conditioning	12	Other		
S W S E Was a chemical/bacteriological sample submitted to Department? YesNo.X								
X	X Was a chemical/pacteriological sample submitted to Department? res							
Water Well Disinfected: YesX No								
S E TYPE OF BLANK CLOSES LIPED.								
5 TYPE OF BLANK CASING USED:								
1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (specify below) 2 PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile								
Blank casing diameter2in. Was resing pulled? Yes No.X If yes, how much								
6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other								
Grout Plug Intervals: From27ft. to7ft., Fromft. toft., From toft.								
What is the nearest source of possible contamination:								
1 Sep	otic tank		6 Seepage pit	11 Fuel storage	<u>16</u>	Other (spa	ecify below)	
2 Sei	wer lines	ouen lines	6 Seepage pit 7 Pit privy	12 Fertilizer storag	Fertilizer storage Insecticide storage WELL LOCATED AT NEWLY			
4 Lateral lines 9 Feedyard 14 Abandoned water well Develope							ED AT NEWLY HARBOR ISLE	
HOUSING EDITION, NEAR								
Direction from well? How many feet? EDGE-OF-FORMER SAND								
FROM	то	PLU	JGGING MATERIALS		AND	GRAVEL	PII.	
27	7	BENTONIT	E HOLE PLUG					
7	6	TOPSOIL						
6	0	EXCAVATE	D FOR BASEMENT					
7 CONTRAC	CTOR'S OR	LANDOWNER'S	CERTIFICATION: This water	 r well was plugged ur	nder my jur	isdiction a	and was completed	
Un (mo/day/year).1_6_99								
2-1-99 under the business hame of .EQUUS.BEDS.GMD.#2.								

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.