

1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: MCPHERSON	SE 1/4 SW 1/4 SW 1/4	2	20S	4W

Distance and direction from nearest town or city street address of well if located within city?
600 FEET NORTH AND 4500 FEET WEST OF APPARENT SOUTHEAST SECTION CORNER

2 WATER WELL OWNER: *UNDETERMINED	Board of Agriculture, Division of Water Resources Application Number: N/A
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3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: N <table border="1" style="width:100%"><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td>N W</td><td></td><td>N E</td></tr><tr><td>W</td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td>E</td></tr><tr><td></td><td>S W</td><td></td><td>S E</td></tr><tr><td></td><td>X</td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr></table> S						N W		N E	W							E		S W		S E		X							4 DEPTH OF WELL.....159.....ft. WELL'S STATIC WATER LEVEL.....65.....ft. WELL WAS USED AS: <table style="width:100%"><tr><td>1 Domestic</td><td>5 Public Water Supply</td><td>9 Dewatering</td></tr><tr><td>2 Irrigation</td><td>6 Oil Field Water Supply</td><td>10 Monitoring Well -EB102C</td></tr><tr><td>3 Feedlot</td><td>7 Lawn and Garden Only</td><td>11 Injection Well</td></tr><tr><td>4 Industrial</td><td>8 Air Conditioning</td><td>12 Other.....</td></tr></table> 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.....	1 Domestic	5 Public Water Supply	9 Dewatering	2 Irrigation	6 Oil Field Water Supply	10 Monitoring Well -EB102C	3 Feedlot	7 Lawn and Garden Only	11 Injection Well	4 Industrial	8 Air Conditioning	12 Other.....
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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 diameter.....5.....in. Was casing pulled? Yes..... No. <u>X</u> . If yes, how much..... Casing height above or below land surface.....36.....in.	

6 GROUT PLUG MATERIAL: 1 Neat cement <u>2 Cement grout</u> <u>3 Bentonite</u> 4 Other.....	Grout Plug Intervals: From.....159.....ft. to.....7.....ft., From.....7.....ft. to.....3.....ft., From..... to.....ft. BENTONITE CEMENT GROUT 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>OILFIELD TANK BATTERY</td></tr><tr><td>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> Direction from well? <u>SOUTHEAST</u> How many feet? <u>APPROXIMATELY 1300</u>	1 Septic tank	6 Seepage pit	11 Fuel storage	16 Other (specify below)	2 Sewer lines	7 Pit privy	12 Fertilizer storage	OILFIELD TANK BATTERY	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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FROM	TO	PLUGGING MATERIALS
159	7	BENTONITE HOLE PLUG
7	3	CEMENT GROUT
3	0	TOPSOIL

*Well was drilled and completed through a cooperative effort among the Kansas Corporation Commission, Southwestern College, Dynamar Energy Inc., McPherson BPU, and Equus Beds Groundwater Management District No. 2.

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:	This water well was plugged under my jurisdiction and was completed on (mo/day/year).....8/25/94..... and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No.N/A..... This Water Well Record was completed on (mo/day/year).....8/25/94..... under the business name ofEQUUS BEDS GMD2..... by (signature)..... <i>Michael J. Dealy</i>
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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, Topeka, Kansas 66620-0001. Telephone: 913/296-3565. Send one to Water Well Owner and retain one for your records.