

1	LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County:	Harvey	NE 1/4 NE 1/4 NW 1/4	25	T 22 S	R 2 E (w)

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

Approximately 2 1/2 miles west and 2 miles south of Hesston

2	WATER WELL OWNER:	Harvey County RWD #1 107 N. Walnut RR#, St. Address, Box # P.O. Box 124 City, State, ZIP Code Peabody, KS 66866	Board of Agriculture, Division of Water Resources Application Number:
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3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4	DEPTH OF WELL 110' & 45' ft WELL'S STATIC WATER LEVEL 27.10' & 26.75' ft. WELL WAS USED AS: 1 Domestic 5 Public Water Supply 9 Dewatering 2 Irrigation 6 Oil Field Water Supply 10 Monitoring Well 3 Feedlot 7 Domestic (Lawn & Garden) 11 Injection Well 4 Industrial 8 Air Conditioning 12 Other Observation Well
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Was a chemical / bacteriological sample submitted to Department? Yes No ☒

If yes, mo/day/yr sample was submitted _____

Water Well Disinfected: Yes ☒ No _____

5	TYPE OF BLANK CASING USED:
1 Steel	3 RMP (SR)
2 PVC	4 ABS
5 Wrought	6 Asbestos-Cement
7 Fiberglass	8 Concrete Tile
9 Other (Specify below)	

Blank casing diameter 2 in. Was casing pulled? Yes No ☒ If yes, how much _____

Casing height above or below land surface 36 in.

6	GROUT PLUG MATERIAL:	1 Neat Cement	2 Cement grout	3 Bentonite	4 Other Bentonite Holeplug
GROUT PLUG INTERVALS:	From _____ ft. to _____ ft.,	From 110 ft. to 0 ft.	From 45 ft. to 0 ft.		
What is the nearest source of possible contamination:					
1 Septic tank	6 Seepage pit	11 Fuel storage	16 Other (specify below)		
2 Sewer lines	7 Pit privy	12 Fertilizer storage			
3 Watertight sewer lines	8 Sewage lagoon	13 Insecticide storage	None known		
4 Lateral lines	9 Feedyard	14 Abandoned water well			
5 Cess Pool	10 Livestock pens	15 Oil well/Gas well			
Direction from well? _____		How many feet? _____			

FROM	TO	PLUGGING MATERIALS
110	0	Bentonite Holeplug
45	0	Bentonite Holeplug

7	CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 6-6-06 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 185 This Water Well Record was completed on (mo/day/year) 6-14-06 under the business name of Clarke Well & Equipment, Inc. by (signature) _____
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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 & Environment, Bureau of Water, Topeka, Kansas 66620-0001. Telephone: 785/296-3565. Send one to Water Well Owner and retain one for your records.