

| | | | | |
|---|-------------------------------------|-----------------------------|----------------------------------|---|
| 1 LOCATION OF WATER WELL: County: <u>Harvey</u> | Fraction <u>¼ NW ¼ SW ¼ SW ¼</u> | Section Number <u>35</u> | Township Number <u>T 22 S</u> | Range Number <u>2</u> <input type="checkbox"/> E <input checked="" type="checkbox"/> W |
|---|-------------------------------------|-----------------------------|----------------------------------|---|

Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here located approximately 5.75 miles north of Halstead, KS

Global Positioning Systems (GPS) information:
 Latitude: 38.09015 (in decimal degrees)
 Longitude: -97.51830 (in decimal degrees)
 Elevation: _____
 Horizontal Datum: WGS84, NAD83, NAD27
 Collection Method: _____

2 WATER WELL OWNER: Raymond Neufeld
 RR#, St. Address, Box #: 6913 N. Essex Heights Rd.
 City, State ZIP Code: Hesston, KS 67062

GPS unit (Make/Model: Garmin GPSmap 60CSx)
 Digital Map/Photo, Topographic Map, Land Survey
 Est. Accuracy: < 3 m, 3-5 m, 5-15 m, > 15 m

| | | | | | | | | | | | | | |
|--|---|--|--|-------------------------------------|-------------------------------------|---|-------------------------------------|----------------------------------|---|---|-------------------------------------|---|--|
| <p>3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:</p> | <p>4 DEPTH OF WELL <u>70</u> ft. WELL'S STATIC WATER LEVEL <u>22.1</u> ft WELL WAS USED AS:</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Domestic</td> <td><input type="checkbox"/> Public Water Supply</td> <td><input type="checkbox"/> Dewatering</td> </tr> <tr> <td><input type="checkbox"/> Irrigation</td> <td><input type="checkbox"/> Oil Field Water Supply</td> <td><input type="checkbox"/> Monitoring</td> </tr> <tr> <td><input type="checkbox"/> Feedlot</td> <td><input type="checkbox"/> Domestic (Lawn & Garden)</td> <td><input type="checkbox"/> Injection Well</td> </tr> <tr> <td><input type="checkbox"/> Industrial</td> <td><input type="checkbox"/> Air Conditioning</td> <td><input checked="" type="checkbox"/> Other <u>Test Well</u></td> </tr> </table> <p>Was a chemical/bacteriological sample submitted to Department? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> | <input type="checkbox"/> Domestic | <input type="checkbox"/> Public Water Supply | <input type="checkbox"/> Dewatering | <input type="checkbox"/> Irrigation | <input type="checkbox"/> Oil Field Water Supply | <input type="checkbox"/> Monitoring | <input type="checkbox"/> Feedlot | <input type="checkbox"/> Domestic (Lawn & Garden) | <input type="checkbox"/> Injection Well | <input type="checkbox"/> Industrial | <input type="checkbox"/> Air Conditioning | <input checked="" type="checkbox"/> Other <u>Test Well</u> |
| <input type="checkbox"/> Domestic | <input type="checkbox"/> Public Water Supply | <input type="checkbox"/> Dewatering | | | | | | | | | | | |
| <input type="checkbox"/> Irrigation | <input type="checkbox"/> Oil Field Water Supply | <input type="checkbox"/> Monitoring | | | | | | | | | | | |
| <input type="checkbox"/> Feedlot | <input type="checkbox"/> Domestic (Lawn & Garden) | <input type="checkbox"/> Injection Well | | | | | | | | | | | |
| <input type="checkbox"/> Industrial | <input type="checkbox"/> Air Conditioning | <input checked="" type="checkbox"/> Other <u>Test Well</u> | | | | | | | | | | | |

5 TYPE OF BLANK CASING USED:

Steel RMP (SR) Wrought Fiberglass Other (Specify below) _____
 PVC ABS Asbestos-Cement Concrete Tile

Blank casing diameter 5 in. Was casing pulled? Yes No If yes, how much _____
 Casing height above or below land surface below 36 in.

6 GROUT PLUG MATERIAL: Neat cement Cement grout Bentonite Other _____

Grout Plug Intervals: From 22.1 ft. to 3 ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.

What is the nearest source of possible contamination:

| | | | |
|---|---|---|---|
| <input type="checkbox"/> Septic tank | <input type="checkbox"/> Seepage pit | <input type="checkbox"/> Fuel storage | <input checked="" type="checkbox"/> Other (specify below) |
| <input type="checkbox"/> Sewer lines | <input type="checkbox"/> Pit privy | <input type="checkbox"/> Fertilizer storage | <input type="checkbox"/> Pond |
| <input type="checkbox"/> Watertight sewer lines | <input type="checkbox"/> Sewage lagoon | <input type="checkbox"/> Insecticide storage | |
| <input type="checkbox"/> Lateral lines | <input type="checkbox"/> Feedyard | <input type="checkbox"/> Abandoned water well | Direction from well? <u>southwest</u> |
| <input type="checkbox"/> Cess pool | <input type="checkbox"/> Livestock pens | <input type="checkbox"/> Oil well/Gas well | How many feet? <u>approximately 1000</u> |

| FROM | TO | PLUGGING MATERIALS | FROM | TO | PLUGGING MATERIALS |
|------|------|---------------------------|------|----|---------------------------------------|
| 70 | 22.1 | Clean, coarse sand | | | Well plugging witnessed by |
| 22.1 | 3 | Bentonite Hole Plug Chips | | | D. Randolph, GMD2 staff, on 2/5/2021. |
| 3 | 0 | Topsoil | | | |
| | | | | | |
| | | | | | |
| | | | | | |

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 2/5/2021 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. _____. This Water Well Record was completed on (mo/day/year) 2/8/2021 under the business name of _____ by (signature) Raymond Neufeld