

| LOCATION OF WATER WELL: HARVEY | Fraction SE ¼ SW ¼ NE ¼ | Section Number 08 | Township Number 22 SOUTH | Range Number 03 WEST | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|-----------------------------------|-----------------------------|---|--------------------------------|--------------------|--|-----------------|---|---------------|-----------------------|-----------------------|---------------------|--------------------------|--------------------|------------------------|------------------------|-------------------|--------------|-------------------------|----------|-------------|-------------------|------------------------|--|--|--|--|--|--|---|--|
| Distance and direction from nearest town or city street address of well if located within city? APPROXIMATELY 5 MILES EAST AND 0.50 MILES NORTH OF BUHLER, KS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| WATER WELL OWNER: ARLO SCHMIDT RR#, St. Address, Box #: 10321 N. BURMAC RD. City, State, ZIP Code: MOUNDRIDGE, KS 67107 Board of Agriculture, Division of Water Resources Application Number: #4457 31231 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX <div style="text-align: center;">N</div> <table border="1" style="margin: auto; width: 150px; height: 150px;"> <tr> <td></td> <td style="text-align: center; vertical-align: middle;">X</td> </tr> <tr> <td></td> <td></td> </tr> </table> <div style="text-align: center;">S</div> | | | X | | | DEPTH OF WELL 146.0 ft. WELL'S STATIC WATER LEVEL 34.0 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</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 <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, mo/day/yr sample was submitted : / / Water Well Disinfected: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | | 1 Domestic | 5 Public Water Supply | 9 Dewatering | 2 Irrigation | 6 Oil Field Water Supply | 10 Monitoring Well | 3 Feedlot | 7 Lawn and Garden Only | 11 Injection Well | 4 Industrial | 8 Air Conditioning | 12 Other | | | | | | | | | | | |
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| 4 Industrial | 8 Air Conditioning | 12 Other | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TYPE OF BLANK CASING USED: <table style="width:100%;"> <tr> <td>1 Steel</td> <td>3 RMP (SR)</td> <td>5 Wrought</td> <td>7 Fiberglass</td> <td>9 Other</td> </tr> <tr> <td>2 PVC</td> <td>4 ABS</td> <td>6 Asbestos-Cement</td> <td>8 Concrete Tile</td> <td></td> </tr> </table> Blank casing diameter 16.0 in. Was casing pulled? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> if yes, how much 0.0 ft bls Casing height above or below land surface 6.0 feet. | | | | | 1 Steel | 3 RMP (SR) | 5 Wrought | 7 Fiberglass | 9 Other | 2 PVC | 4 ABS | 6 Asbestos-Cement | 8 Concrete Tile | | | | | | | | | | | | | | | | | | |
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| GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other Grout Plug Intervals: From 34.0 ft. to 6.0 ft. 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 – Natural Gas Fuel Line</td> </tr> <tr> <td>2 Sewer lines</td> <td>7 Pit privy</td> <td>12 Fertilizer storage</td> <td></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? North How many feet? 3 feet | | | | | 1 Septic tank | 6 Seepage pit | 11 Fuel Storage | 16 Other – Natural Gas Fuel Line | 2 Sewer lines | 7 Pit privy | 12 Fertilizer storage | | 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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| CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 1 / 22 / 2009 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. NA under the business name of N/A by (signature) <i>Arlo D. Schmidt</i> Arlo Schmidt, owner | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| INSTRUCTIONS: Use typewriter or ball point pen. Please press firmly and print clearly. Please fill in blanks, and 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. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

RECEIVED**FEB 10 2009**
**Equus Beds Groundwater
 Management District No. 2**