KSA 82a-1212

LOCATION OF WATE	R	Fraction			Section Number	Township Number	Range Number
WELL: HARVEY		SW 1/4 SW 1/4 NW 1/4			07	22 SOUTH	03 WEST
Distance and direction from nearest town or city street address of well if located within city?							
APPROXIMATELY 3.5 MILES EAST AND 0.5 MILES NORTH OF BUHLER, KS							
WATER WELL OWNER:							
RR#, St. Address, Box #: EQUUS BEDS GROUNDWATER MANAGEMENT DISTRICT NO. 2 313 SPRUCE STREET Board of Agriculture, Division of Water							vision of Water Resources
City, State, ZIP Code: HALSTEA			, KS 67056		Α	pplication Number:	
MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX			DEPTH OF WELL 107	ft.			
N N			WELL'S STATIC WAT	ER LI	EVEL 29.25 ft.		
×			WELL WAS USED AS: 1 Domestic 2 Irrigation	,	5 Public Water S 6 Oil Field Water		vatering nitoring Well – EB42B
		-	3 Feedlot	-	7 Lawn and Gard	en Only 11 Injection	ction Well
			4 Industrial	8	8 Air Conditioning	12 Oth	er
			/as a chemical/bacteriological sample submitted to Department? Yes ☐ No ☒ yes, mo/day/yr sample was submitted : / /				
S		-	WaterWell Disinfected:	Y	∕es ⊠ No 🗌		
TYPE OF BLANK CASING USED:							
TIPE OF BEARN CASING COLD.							
1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other							
2 PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile							
Blank casing diameter 2.0 in. Was casing pulled? Yes \(\bar{\pi} \) No \(\bar{\pi} \) if yes, how much 0.0 ft bls Casing height above or below land surface 3 feet.							
GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other							
Grout Plug Intervals: From 107 ft. to 3 ft.							
What is the nearest source of possible contamination:							
 Septic tank 			epage pit		Fuel Storage		<u>Underground</u>
2 Sewer lines 7 Pit			• •		Fertilizer storage		eum Pipeline
			wage lagoon edyard		Insecticide stora Abandoned wate		
5 Cess Pool			estock pens		Oil well / Gas we		
•							
Direction from well? East How many feet? approximately 20						ately 20 ft.	
FROM TO 107 3			PLUGGING MATE		<u>S</u>		
3 0		Bentonite, HolePlug Topsoil					
	1.050011						
CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and							
was completed on (mo/day/year) 11 / 30 / 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 Equus Beds GMD2							
by (signature)	in		ese GM			-22-09	
INSTRUCTIONS: Use	typewr	iter or ball	point pen. Please pr	ess	firmly and print cl	early. Please fill in b	planks, 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.							
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