1 LOCATIO	ON OF WATER	WELL:	Fraction	Section Number	Township Number	Range Number	
county: Harvey			SE 1/4 SE 1/4 SE 1/4	19	22 South	3 West	
Distance and direction from nearest town or city street address of well if located within city?							
From intersection of Burmac Rd. & Highway 50: 6 Miles North & 1 Mile West WATER WELL OWNER: Equus Beds Groundwater Management District # 2							
RR#, St. Address, Box #: 313 Spruce City, State, ZIP Code: Halstead, KS 67056 Board of Agriculture, Division of Water Resources Application Number: 899-076							
MARK WELL'S LOCATION WITH 4 DEPTH OF WELL							
, , , , , , , , , , , , , , , , , , ,	WELL'S STATIC WATER LEVEL						
	WELL WAS USED AS:						
N	. w	N E	1 Domestic		ply 9 Dewaterin		
			2 Irrigation 3 Feedlot	6 Oil Field Water 5 7 Lawn and Garden 6 8 Air Conditioning	Supply 10 Monitorir Only 11 Injectjor	n Well.	
W			4 Industrial	8 Air Conditioning	12 Other . U.T.	roundwater emediation	
S W————————————————————————————————————							
	If yes, mo/day/yr sample was submitted						
l ———	Water Well Disinfected: Yes NoX						
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							
6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other							
Grout Plug Intervals: From.226.ft. to3ft., Fromft. toft., From toft.							
What is the nearest source of possible contamination:							
1 Septic tank 6 Seepage pit 11 Fuel storage 16 Other (specify below)							
2 Sei	2 Sewer lines 7 Pit privy 12 Fertilizer storage						
4 La	4 Lateral lines 9 Feedyard 14 Abandoned water well well and brine						
	5 Cess Pool 10 Livestock pens 15 Oil Well/Gas Well storage tank						
Direction from well? Northwest How many feet? 200							
FROM	ТО	PLI	JGGING MATERIALS				
226	3	Bentoni	te Holeplug				
3	0	Topsoil					
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed							
CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year)							
UNITED THE MALE STREET OF THE MALE STREET OF THE STREET OF							
by (signature) MICHARLE MANAGER MANAGER							

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.