

LOCATION OF WATER WELL: Harvey County	Fraction NC N2 NE 1/4	Section Number 32	Township Number 23S	Range Number 1W												
Distance and direction from nearest town or city street address of well if located within city? From Halstead, KS: 0.5 miles North & 3 miles East																
WATER WELL OWNER: Edward & Tricia Weber																
RR#, St. Address, Box #: City, State, ZIP Code:		247 Main Halstead KS 67056 Board of Agriculture, Division of Water Resources Application Number: N/A														
MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX N <div style="border:1px solid black; width:150px; height:150px; margin:10px auto; position: relative;"><div style="position: absolute; top:50%; left:50%; transform: translate(-50%, -50%); font-size: 40px;">X</div></div> S		DEPTH OF WELL 106 ft. WELL'S STATIC WATER LEVEL 27.1 ft. WELL WAS USED AS: <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 Well</td></tr><tr><td><input type="checkbox"/> Feedlot</td><td><input type="checkbox"/> Lawn and Garden Only</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 Test Well</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 :     /     /  WaterWell Disinfected: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			<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 Well	<input type="checkbox"/> Feedlot	<input type="checkbox"/> Lawn and Garden Only	<input type="checkbox"/> Injection Well	<input type="checkbox"/> Industrial	<input type="checkbox"/> Air Conditioning	<input checked="" type="checkbox"/> Other Test Well
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TYPE OF BLANK CASING USED:				
<input type="checkbox"/> Steel	<input type="checkbox"/> RMP (SR)	<input type="checkbox"/> Wrought	<input type="checkbox"/> Fiberglass	9 Other _____
<input checked="" type="checkbox"/> PVC	<input type="checkbox"/> ABS	<input type="checkbox"/> Asbestos-Cement	<input type="checkbox"/> Concrete Tile	
Blank casing diameter 3 in. Was casing pulled? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> if yes, how much Casing height <input type="checkbox"/> above or <input checked="" type="checkbox"/> below land surface 36 in.				

GROUT PLUG MATERIAL: <input type="checkbox"/> Neat cement <input type="checkbox"/> Cement grout <input checked="" type="checkbox"/> Bentonite 4 Other _____																								
Grout Plug Intervals: From 27 ft. to 3 ft., From     ft. to     ft., From     ft. to     ft.																								
What is the nearest source of possible contamination: <table style="width:100%"><tr><td><input type="checkbox"/> Septic tank</td><td><input type="checkbox"/> Seepage pit</td><td><input type="checkbox"/> Fuel Storage</td><td>16 Other RR Tracks</td></tr><tr><td><input type="checkbox"/> Sewer lines</td><td><input type="checkbox"/> Pit privy</td><td><input type="checkbox"/> Fertilizer storage</td><td></td></tr><tr><td><input type="checkbox"/> Watertight sewer lines</td><td><input type="checkbox"/> Sewage lagoon</td><td><input type="checkbox"/> Insecticide storage</td><td></td></tr><tr><td><input type="checkbox"/> Lateral lines</td><td><input type="checkbox"/> Feedyard</td><td><input type="checkbox"/> Abandoned water well</td><td></td></tr><tr><td><input type="checkbox"/> Cess Pool</td><td><input type="checkbox"/> Livestock pens</td><td><input type="checkbox"/> Oil well / Gas well</td><td></td></tr></table> Direction from well? North How many feet? 20					<input type="checkbox"/> Septic tank	<input type="checkbox"/> Seepage pit	<input type="checkbox"/> Fuel Storage	16 Other RR Tracks	<input type="checkbox"/> Sewer lines	<input type="checkbox"/> Pit privy	<input type="checkbox"/> Fertilizer storage		<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		<input type="checkbox"/> Cess Pool	<input type="checkbox"/> Livestock pens	<input type="checkbox"/> Oil well / Gas well	
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FROM	TO	PLUGGING MATERIALS
106	27	Coarse Sand & Gravel
27	3	Bentonite Chips
3	0	Topsoil

Sand & Grout portion of plugging  
was witnessed by Equus Beds  
GMD2 staff.

CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 1 / 14 / 2006 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. N/A under the business name of N/A  
by (signature) Edward J Weber 2-4-06

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