

LOCATION OF WATER WELL: HARVEY	Fraction NW 1/4 NE 1/4 NE 1/4	Section Number 30	Township Number 23 SOUTH	Range Number 01 WEST																														
Distance and direction from nearest town or city street address of well if located within city? 8523 W. US-50, HALSTEAD, KS 67056																																		
WATER WELL OWNER: <div style="display: flex; justify-content: space-between;"> <div> RR#, St. Address, Box #: City, State, ZIP Code: </div> <div> AZRIEL RECKESS 32 PINE TREE DRIVE POUGHKEEPSIE, NY 12630 </div> <div> Board of Agriculture, Division of Water Resources Application Number: NA </div> </div>																																		
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;">X</td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table> <div style="text-align: center;">S</div>			X							DEPTH OF WELL 55.40 ft. WELL'S STATIC WATER LEVEL 25.60 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 : / / WaterWell 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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GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout <u>3 Bentonite</u> 4 Other Grout Plug Intervals: From 55.4 ft. to 4.5 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</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? southeast How many feet? approximately 50 ft.					1 Septic tank	6 Seepage pit	11 Fuel Storage	16 Other	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) 11 / 03 / 2006 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 <i>Eliquis Plumbing</i> by (signature) <i>[Signature]</i>																																		
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.																																		