

1	LOCATION OF WATER WELL: County: HARVEY	Fraction SE 1/4 SE 1/4 SW 1/4	Section Number 26	Township Number 23S	Range Number 2W																								
Distance and direction from nearest town or city street address of well if located within city? 1 mile North of Halstead																													
2	WATER WELL OWNER: HARVEY COUNTY well 9B																												
RR#, St. Address, Box #: PO BOX 687 City, State, ZIP Code : NEWTON KS 67114			Board of Agriculture, Division of Water Resources Application Number:																										
3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: N <table border="1" style="width:100%; height:100px; text-align: center; border-collapse: collapse;"> <tr><td colspan="2">N W</td><td colspan="2">N E</td></tr> <tr><td>W</td><td></td><td></td><td>E</td></tr> <tr><td colspan="2">S W</td><td colspan="2">S E</td></tr> <tr><td colspan="2">X</td><td colspan="2"></td></tr> <tr><td colspan="2">S</td><td colspan="2"></td></tr> </table>		N W		N E		W			E	S W		S E		X				S				4 DEPTH OF WELL.....44.....ft. WELL'S STATIC WATER LEVEL.....16.....ft. WELL WAS USED AS: <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input checked="" type="checkbox"/> Domestic 2 Irrigation 3 Feedlot 4 Industrial </div> <div style="width: 30%;"> 5 Public Water Supply 6 Oil Field Water Supply 7 Lawn and Garden Only 8 Air Conditioning </div> <div style="width: 30%;"> 9 Dewatering 10 Monitoring Well 11 Injection Well 12 Other..... </div> </div> Was a chemical/bacteriological sample submitted to Department? Yes....NoX... If yes, mo/day/yr sample was submitted..... Water Well Disinfected: Yes.X No.....						
N W		N E																											
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5	TYPE OF BLANK CASING USED: <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input checked="" type="checkbox"/> Steel 2 PVC </div> <div style="width: 30%;"> 3 RMP (SR) 4 ABS </div> <div style="width: 30%;"> 5 Wrought 6 Asbestos-Cement </div> <div style="width: 30%;"> 7 Fiberglass 8 Concrete Tile </div> <div style="width: 30%;"> 9 Other (specify below) </div> </div> Blank casing diameter.....3...in. Was casing pulled? Yes..... No..X... If yes, how much..... Casing height above or below land surface.....60.....in.																												
6	GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout <input checked="" type="checkbox"/> Bentonite 4 Other..... Grout Plug Intervals: From..18..ft. to..5...ft., From.....ft. toft., From..... to.....ft. What is the nearest source of possible contamination: <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> 1 Septic tank 2 Sewer lines 3 Watertight sewer lines 4 Lateral lines 5 Cess Pool </div> <div style="width: 30%;"> 6 Seepage pit 7 Pit privy 8 Sewage lagoon 9 Feedyard 10 Livestock pens </div> <div style="width: 30%;"> 11 Fuel storage 12 Fertilizer storage 13 Insecticide storage 14 Abandoned water well 15 Oil well/Gas well </div> <div style="width: 30%;"> 16 Other (specify below) </div> </div> Direction from well? How many feet?																												
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:10%;">FROM</th> <th style="width:10%;">TO</th> <th style="width:80%;">PLUGGING MATERIALS</th> </tr> </thead> <tbody> <tr> <td>44</td> <td>18</td> <td>CLEAN SAND</td> </tr> <tr> <td>18</td> <td>5</td> <td>BENTONITE CHIPS</td> </tr> <tr> <td>5</td> <td>0</td> <td>TOPSOIL</td> </tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>						FROM	TO	PLUGGING MATERIALS	44	18	CLEAN SAND	18	5	BENTONITE CHIPS	5	0	TOPSOIL												
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7	CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year).....6/26/97..... and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. This Water Well Record was completed on (mo/day/year).....7/02/97..... under the business name of ..HARVEY COUNTY..... by (signature) <i>[Signature]</i>																												
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.																													