

<b>1 LOCATION OF WATER WELL:</b> City: <u>Halstead</u> County: <u>Harvey</u>	Fraction: <u>N 1/2 SE 1/4 SW 1/4</u>	Section Number: <u>35</u>	Township Number: <u>23</u>	Range Number: <u>2W</u>
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Distance and direction from nearest town or city street address of well if located within city?  
North west corner of basement at

<b>2 WATER WELL OWNER:</b> <u>Margorie Zarnowski</u> RR#, St. Address, Box #: <u>319 Spruce</u> City, State, ZIP Code: <u>Halstead, KS, 67056</u>	Board of Agriculture, Division of Water Resources Application Number:
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<b>3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:</b> <div style="text-align: center;">             N  <table border="1" style="margin: auto; border-collapse: collapse;"> <tr> <td style="width:50px; height: 100px; vertical-align: top;">               NW                 Corner of                Basement                At 319 Spruce             </td> <td style="width:50px; height: 100px; vertical-align: top;">               NE                 SE                 SW             </td> </tr> </table>             E              S           </div>	NW  Corner of Basement At 319 Spruce	NE  SE  SW	<b>4 DEPTH OF WELL</b> .....ft. <u>30' ft</u> <b>WELL'S STATIC WATER LEVEL</b> .....ft. <u>16' ft</u> <b>WELL WAS USED AS:</b> <table style="width:100%;"> <tr> <td>1 Domestic</td> <td>5 Public Water Supply</td> <td>9 Dewatering</td> </tr> <tr> <td><u>2 Irrigation</u></td> <td><u>6 Oil Field Water Supply</u></td> <td>10 Monitoring Well</td> </tr> <tr> <td>3 Feedlot</td> <td><u>7 Lawn and Garden Only</u></td> <td>11 Injection Well</td> </tr> <tr> <td>4 Industrial</td> <td>8 Air Conditioning</td> <td>12 Other.....</td> </tr> </table> <p>Was a chemical/bacteriological sample submitted to Department? Yes....No. <u>X</u>          If yes, mo/day/yr sample was submitted.....          Water Well Disinfected: Yes. <u>X</u>... No.....</p>	1 Domestic	5 Public Water Supply	9 Dewatering	<u>2 Irrigation</u>	<u>6 Oil Field Water Supply</u>	10 Monitoring Well	3 Feedlot	<u>7 Lawn and Garden Only</u>	11 Injection Well	4 Industrial	8 Air Conditioning	12 Other.....
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**5 TYPE OF BLANK CASING USED:**

<u>1 Steel</u>	3 RMP (SR)	5 Wrought	7 Fiberglass	9 Other (specify below)
2 PVC	4 ABS	6 Asbestos-Cement	8 Concrete Tile	

Blank casing diameter.....in. 6" Was casing pulled? Yes..... No. X... If yes, how much.....  
 Casing height above or below land surface.....in. 6" below basement floor

**6 GROUT PLUG MATERIAL:** 1 Neat cement 2 Cement grout 3 Bentonite 4 Other.....

Grout Plug Intervals: From 16 ft. to 29 ft., From.....ft. to.....ft., From..... to.....ft.

What is the nearest source of possible contamination:

1 Septic tank	6 Seepage pit	11 Fuel storage	16 Other (specify below)
2 Sewer lines	7 Pit privy	12 Fertilizer storage	<u>Home</u>
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	

Direction from well? ..... How many feet? .....

FROM	TO	PLUGGING MATERIALS
30'	16'	Sand 05
16'	29'-6"	Bentonite 01
	6" cap	concrete 28

**7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:** This water well was plugged under my jurisdiction and was completed on (mo/day/year) June 20, 1999 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) ..... under the business name of ..... by (signature) Margorie Zarnowski

**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: 785/296-3565. Send one to Water Well Owner and retain one for your records.

RECEIVED

AUG 06 1999

BUREAU OF WATER