

Harvey

LOCATION OF WATER WELL: EB9B		Fraction NW 1/4 SW 1/4 NW 1/4	Section Number 27	Township Number 23	Range Number 3W																																															
Distance and direction from nearest town or city street address of well if located within city? 1 MILE EAST AND 0.25 MILE SOUTH OF BURRTON, KANSAS																																																				
WATER WELL OWNER: RR#, St. Address, Box #: City, State, ZIP Code:		EQUUS BEDS GROUNDWATER MANAGEMENT DISTRICT NO. 2 313 SPRUCE STREET HALSTEAD, KANSAS 67056-1925 Board of Agriculture, Division of Water Resources Application Number: N/A																																																		
MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX <div><div>N</div><div><div>X</div></div><div>S</div></div>		DEPTH OF WELL 96 ft. WELL'S STATIC WATER LEVEL 16.57 ft. MEASUREMENT DATE 09-11-2000 WELL WAS USED AS: <table><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 type="checkbox"/> No <input checked="" 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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TYPE OF BLANK CASING USED: <table><tr><td>1 Steel</td><td>3 RMP (SR)</td><td>5 Wrought</td><td>7 Fiberglass</td><td>9 Other</td></tr><tr><td>2 PVC</td><td>4 ABS</td><td>6 Asbestos-Cement</td><td>8 Concrete Tile</td><td></td></tr></table> Blank casing diameter 2 in. Was casing pulled? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> if yes, how much Casing height above or below land surface 36 in.						1 Steel	3 RMP (SR)	5 Wrought	7 Fiberglass	9 Other	2 PVC	4 ABS	6 Asbestos-Cement	8 Concrete Tile																																						
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GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other Grout Plug Intervals: From 96 ft. to 3 ft., From ft. to ft., From ft. to ft. What is the nearest source of possible contamination: <table><tr><td>1 Septic tank</td><td>6 Seepage pit</td><td>11 Fuel Storage</td><td>16 Other KISIWA CREEK</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? How many feet? <table><tr><td>FROM</td><td>TO</td><td>PLUGGING MATERIALS</td></tr><tr><td>3 FT</td><td>0 FT</td><td>CLEAN COMPACTED TOPSOIL</td></tr><tr><td>96 FT</td><td>3 FT</td><td>BENETONITE HOLEPLUG</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><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr></table>						1 Septic tank	6 Seepage pit	11 Fuel Storage	16 Other KISIWA CREEK	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		FROM	TO	PLUGGING MATERIALS	3 FT	0 FT	CLEAN COMPACTED TOPSOIL	96 FT	3 FT	BENETONITE HOLEPLUG																		
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CONTRACTOR'S OR WELL OWNER CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 09 / 25 / 2000 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) <i>Michael J. [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.																																																				