

LOCATION OF WATER WELL: HARVEY	Fraction NW 1/4 NW 1/4 NW 1/4	Section Number 22	Township Number 23	Range Number 3W
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Distance and direction from nearest town or city street address of well if located within city?
1 MILE EAST AND 1 MILE NORTH OF BURMAC RD AND HWY 50 INTERSECTION NEAR HAVEN.

WATER WELL OWNER: Equus Beds Groundwater Management District No. 2	Board of Agriculture, Division of Water Resources Application Number: NOT APPLICABLE
RR#, St. Address, Box #: 313 Spruce Street	
City, State, ZIP Code: Halstead, Kansas 67056	

MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX

N

X	

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DEPTH OF WELL **22 ft.**

WELL'S STATIC WATER LEVEL **16.15 ft.**

WELL WAS USED AS:

1 Domestic	5 Public Water Supply	9 Dewatering
2 Irrigation	6 Oil Field Water Supply	10 <u>Monitoring Well - EB10A</u>
3 Feedlot	7 Lawn and Garden Only	11 Injection Well
4 Industrial	8 Air Conditioning	12 Other

Was a chemical/bacteriological sample submitted to Department? Yes ☐ No ☒ X

If yes, mo/day/yr sample was submitted : / /

WaterWell Disinfected: Yes ☐ No ☒ X

TYPE OF BLANK CASING USED:

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

Blank casing diameter **1.25 in.** Was casing pulled? Yes ☐ No ☒ X if yes, how much

Casing height above or below land surface **36 in.**

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

Grout Plug Intervals: From **22 ft.** to **3 ft.**, From ft. to ft., From ft. to ft.

What is the nearest source of possible contamination:

1 <u>Septic tank</u>	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	

Direction from well? **SOUTH** How many feet? **APPROX. 800**

FROM	TO	PLUGGING MATERIALS
22	3	BENTONITE HOLEPLUG
3	0	TOPSOIL

CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) **11 / 22 / 00** 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 **EQUUS BEDS GMD2** by (signature) *[Signature]*

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.