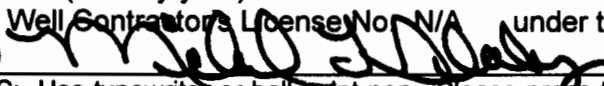


LOCATION OF WATER WELL: HARVEY	Fraction SW 1/4 NW 1/4 SW 1/4	Section Number 34	Township Number 23	Range Number 3W																											
Distance and direction from nearest town or city street address of well if located within city? 1760' NORTH & 90' EAST OF PRAIRIE LAKE RD & SW 36TH INTERSECTION																															
WATER WELL OWNER: Equus Beds Groundwater Management District No. 2 RR#, St. Address, Box #: 313 Spruce Street City, State, ZIP Code: Halstead, Kansas 67056		Board of Agriculture, Division of Water Resources Application Number: NOT APPLICABLE																													
MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX <div style="text-align: center;">N <table border="1" style="width:100%; height:100px; border-collapse: collapse;"><tr><td style="width:50%;"></td><td style="width:50%;"></td></tr><tr><td style="width:50%; text-align: center; vertical-align: middle;">X</td><td style="width:50%;"></td></tr><tr><td colspan="2" style="text-align: center;">S</td></tr></table></div>				X		S		DEPTH OF WELL 38.5 ft. WELL'S STATIC WATER LEVEL 13.59 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 <u>Monitoring Well - EB8A</u></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 <u>Monitoring Well - EB8A</u>	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 style="width:100%;"><tr><td>1 <u>Steel</u></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 1.25 in. Was casing pulled? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> if yes, how much Casing height above or <u>below</u> land surface 36 in.					1 <u>Steel</u>	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 <u>Bentonite</u> 4 Other Grout Plug Intervals: From 38.5 ft. to 3 ft. , From ft. to ft., From ft. to 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 <u>Fuel Storage</u></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? SOUTH How many feet? APPROX. 700					1 Septic tank	6 Seepage pit	11 <u>Fuel Storage</u>	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 / 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) 																															
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.																															