

LOCATION OF WATER WELL: HARVEY	Fraction NW 1/4 NW 1/4 NW 1/4	Section Number 36	Township Number 23 SOUTH	Range Number 03 WEST
-----------------------------------	----------------------------------	----------------------	-----------------------------	-------------------------

Distance and direction from nearest town or city street address of well if located within city?
APPROX. 40 FT. SOUTH AND 40 FT. EAST OF THE INTERSECTION OF SW 24TH ST. AND SOUTH WILLOW LAKE RD., HALSTEAD, KS

WATER WELL OWNER: EQUUS BEDS GMD2

RR#, St. Address, Box #: 313 SPRUCE STREET
City, State, ZIP Code: HALSTEAD KS 67056-1925

Board of Agriculture, Division of Water Resources
Application Number: NA

<p>MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX</p> <p style="text-align: center;">N</p> <table border="1" style="width:100%; height: 100px; border-collapse: collapse;"> <tr> <td style="width:50%; vertical-align: top;">X - EB20B</td> <td style="width:50%;"></td> </tr> <tr> <td></td> <td></td> </tr> </table> <p style="text-align: center;">S</p>	X - EB20B				<p>DEPTH OF WELL 105</p> <p>WELL'S STATIC WATER LEVEL 25.76 ft.</p> <p>WELL WAS USED AS:</p> <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 Monitoring Well EB20B</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> <p>Was a chemical/bacteriological sample submitted to Department? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>If yes, mo/day/yr sample was submitted : / /</p> <p>WaterWell Disinfected: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>	1 Domestic	5 Public Water Supply	9 Dewatering	2 Irrigation	6 Oil Field Water Supply	10 Monitoring Well EB20B	3 Feedlot	7 Lawn and Garden Only	11 Injection Well	4 Industrial	8 Air Conditioning	12 Other
X - EB20B																	
1 Domestic	5 Public Water Supply	9 Dewatering															
2 Irrigation	6 Oil Field Water Supply	10 Monitoring Well EB20B															
3 Feedlot	7 Lawn and Garden Only	11 Injection Well															
4 Industrial	8 Air Conditioning	12 Other															

TYPE OF BLANK CASING USED:

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

Blank casing diameter 2.0 in. Was casing pulled? Yes ☒ No ☐ if yes, how much 105 ft (All)
Casing height ~~above~~ or below land surface

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

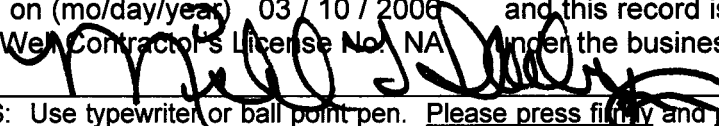
Grout Plug Intervals: From 20 ft. to 0 ft.

What is the nearest source of possible contamination:

1 Septic tank	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? east How many feet? 800

FROM	TO	PLUGGING MATERIALS
20	0	Bentonite, HolePlug
105	20	Formation Sand – borehole collapsed

CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 03 / 10 / 2006 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. NA 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.