

1	LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
	County: HARVEY	XXX <sup>4</sup> NC <del>X</del> SE <sup>1</sup> / <sub>4</sub>	30	24 SOUTH	1 WEST

Distance and direction from nearest town or city street address of well if located within city?

FROM SEDGWICK, KS: 1 MILE NORTH AND 2.25 MILES WEST

2 WATER WELLOWNER: WILBUR KURR

RR #, St. Address, Box #: 9025 S. MISSION RD.  
City, State, ZIP Code : SEDGWICK, KS 67135Board of Agriculture, Division of Water Resources  
Application Number: 32559

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

4 DEPTH OF WELL .....116..... ft

WELL'S STATIC WATER LEVEL .....19.84 ft.

WELL WAS USED AS:

1 Domestic

5 Public Water Supply

9 Dewatering

2 Irrigation

6 Oil Field Water Supply

10 Monitoring Well

3 Feedlot

7 Domestic (Lawn &amp; Garden)

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 .....

Water Well Disinfected: Yes ..... No ...X.....

5 TYPE OF BLANK CASING USED:

1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (Specify below)

2 PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile .....

Blank casing diameter .....16..... in. Was casing pulled? Yes ..... No ...X..... If yes, how much .....

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

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

Grout Plug Intervals: From .....20..... ft. to .....3..... 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

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? ...WEST.....

How many feet? .....15.....

FROM	TO	PLUGGING MATERIALS
116	20	COARSE SAND
20	3	CEMENT GROUT
3	0	TOPSOIL

SAND AND GROUT PORTION OF  
PLUGGING WITNESSED BY TIM  
BOESE, EQUUS BEDS GMD2.

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) .....1-25-2002..... and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. ....NA..... This Water Well Record was completed on (mo/day/year) .....x 2-14-98..... under the business name of ....NA..... by (signature) *Wilbur Kurr*

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.