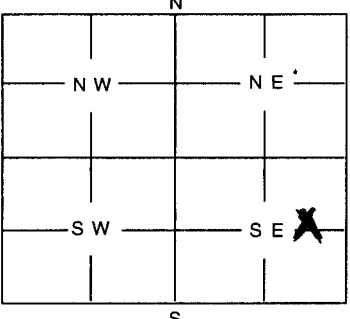


1	LOCATION OF WATER WELL: County: HARVEY	Fraction NC-E2-SE $\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$	Section Number 08	Township Number 24 SOUTH	Range Number 1 WEST
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Distance and direction from nearest town or city street address of well if located within city?

FROM HALSTEAD, KS: 3 MILES EAST AND 1.75 MILES SOUTH

2	WATER WELLOWNER: JOHN F. WEBER AND BRADLEY KLASSEN, 5731 NW 36TH, NEWTON, KS 9414 W 1ST ST. 67114	Board of Agriculture, Division of Water Resources Application Number: 2759
RR #, St. Address, Box #: City, State, ZIP Code : HALSTEAD, KS 67056		

3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: 	4	DEPTH OF WELL 108 ft WELL'S STATIC WATER LEVEL APPROX. ft. 21FT. WELL WAS USED AS: <table border="0"> <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 Domestic (Lawn & Garden)</td> <td>11 Injection Well</td> </tr> <tr> <td>4 Industrial</td> <td>8 Air Conditioning</td> <td>12 Other</td> </tr> </table>	1 Domestic	5 Public Water Supply	9 Dewatering	2 Irrigation	6 Oil Field Water Supply	10 Monitoring Well	3 Feedlot	7 Domestic (Lawn & Garden)	11 Injection Well	4 Industrial	8 Air Conditioning	12 Other
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3 Feedlot	7 Domestic (Lawn & 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: <table border="0"> <tr> <td>1 Steel</td> <td>3 RMP (SR)</td> <td>5 Wrought</td> <td>7 Fiberglass</td> <td>9 Other (Specify below)</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>	1 Steel	3 RMP (SR)	5 Wrought	7 Fiberglass	9 Other (Specify below)	2 PVC	4 ABS	6 Asbestos-Cement	8 Concrete Tile	
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2 PVC	4 ABS	6 Asbestos-Cement	8 Concrete Tile								
Blank casing diameter 1.2 in. Was casing pulled? Yes No X If yes, how much											
Casing height above below land surface 48 in.											

6	GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout <u>3 Bentonite</u> 4 Other																				
Grout Plug Intervals: From 22 ft. to 4 ft., From ft. to ft., From to ft.																					
What is the nearest source of possible contamination: <table border="0"> <tr> <td>1 Septic tank</td> <td>6 Seepage pit</td> <td>11 Fuel storage</td> <td>16 Other (specify below)</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>		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	
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Direction from well? NORTHEAST How many feet? APPROX. 800																					

FROM	TO	PLUGGING MATERIALS
108	22	*UNKNOWN
22	4	BENTONITE CHIPS
4	0	TOPSOIL

*PREVIOUS OWNER'S SON ADVISED CASING COLLAPSED PRIOR TO 1989.

** GROUT PORTION OF PLUGGING WITNESSED BY TIM BOESE, EQUUS BEDS GMD#2.

*** KDHE WAIVER ATTACHED.

EQUUS

7	CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 5-10-2002 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. N/A This Water Well Record was completed on (mo/day/year) 5-20-02 under the business name of N/A by (signature) <i>[Signature]</i>
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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.