

1	LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
	County: HARVEY	SW 1/4 NE 1/4 NE 1/4	30	24 SOUTH	1 X /W

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

FROM SEDGWICK, KS: 1.75 MILES NORTH & 2.25 MILES WEST

2	WATER WELL OWNER: WILBUR R. KURR & LOIS M. KURR REVOCABLE TRUST	
	RR #, St. Address, Box #: 9025 S. MISSION RD.	Board of Agriculture, Division of Water Resources
	City, State, ZIP Code: SEDGWICK, KS 67135	Application Number: 18453

3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4	DEPTH OF WELL 105 (ESTIMATED)												
		WELL'S STATIC WATER LEVEL 23.0 ft.													
		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 Feederlot</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 Feederlot	7 Domestic (Lawn & Garden)	11 Injection Well	4 Industrial	8 Air Conditioning	12 Other
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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 1.6 in.	Was casing pulled? Yes No X If yes, how much
	Casing height XXXX below land surface 36 in.	

6	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 to ft.																					
	What is the nearest source of possible contamination:																					
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	Direction from well? SOUTH How many feet? APPROX 1000																					

FROM	TO	PLUGGING MATERIALS
105	22	COARSE SAND
22	3	CEMENT GROUT
3	0	TOPSOIL

NOTE: GROUT PORTION OF PLUGGING WITNESSED BY TIM BOESE, EQUUS BEDS GMD2.

7	CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 10-19-2004 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)	
	Date 12-3-04 under the business name of NA	
	Signed by (signature) <i>[Signature]</i>	

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, Geology Section, 1000 SW Jackson St., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 785/296-5522. Send one to Water Well Owner and retain one for your records.