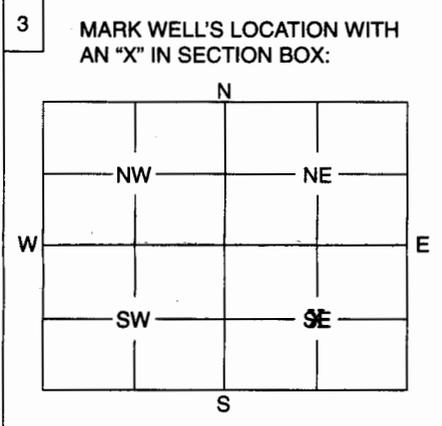


1	LOCATION OF WATER WELL:	Fraction <b>NC-SE</b> ¼    ¼    ¼	Section Number <b>19</b>	Township Number <b>24 SOUTH</b>	Range Number <b>1 WEST X&amp;W</b>
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Distance and direction from nearest town or city street address of well if located within city?  
**FROM SEDGWICK, KS: 2.25 MILES NORTH & 2.25 MILES WEST**

2	WATER WELL OWNER: <b>JOSEPHINE C. WEBER IRREVOCABLE TRUST, c/o JOHN WEBER</b> RR #, St. Address, Box #: <b>247 MAIN STREET</b> City, State, ZIP Code : <b>HALSTEAD, KS 67056</b>	Board of Agriculture, Division of Water Resources Application Number: <b>27925 D-1</b>
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4 DEPTH OF WELL ..... **125** ..... ft.  
 WELL'S STATIC WATER LEVEL **18.10** ft.  
 WELL WAS USED AS:

1 Domestic	5 Public Water Supply	9 Dewatering
2 Irrigation	6 Oil Field Water Supply	10 Monitoring Well
<u>3 Feedlot</u>	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 **X**..... No .....

5 TYPE OF BLANK CASING USED:

1 Steel	3 RMP (SR)	5 Wrought	7 Fiberglass	9 Other (Specify below)
2 PVC	4 ABS	<u>6 Asbestos-Cement</u>	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 ..... **48** ..... in.

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

Grout Plug Intervals:    From **18** ft. to **4** ft.,    From ..... ft. to ..... ft.,    From ..... to ..... ft.

What is the nearest source of possible contamination:

1 Septic tank	6 Seepage pit	<u>11 Fuel storage</u>	16 Other (specify below)
2 Sewer lines	7 Pit privy	<u>12 Fertilizer storage</u>	.....
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? ..... **10** .....

FROM	TO	PLUGGING MATERIALS
125	84	FORMATION SAND/GRAVEL PACK
84	18	COARSE SAND
18	4	CEMENT GROUT
4	0	TOPSOIL

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

**RECEIVED**  
**MAR 16 2005**

EQUUS BEDS GROUNDWATER  
 MANAGEMENT DISTRICT NO. 2

7 CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) ..... ~~2-4-2004~~ **2-4-2005** ..... 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 **2-14-05** under the business name of ..... **NA** .....  
 Sign by (signature) *[Signature]* ..... **JOHN WEBER, AGENT** .....

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.