

LOCATION OF WATER WELL: <b>HARVEY</b>	Fraction <b>SE ¼ NE ¼ SW ¼</b>	Section Number <b>34</b>	Township Number <b>24 SOUTH</b>	Range Number <b>01 WEST</b>
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Distance and direction from nearest town or city street address of well if located within city?  
**405 N. HARRISON AVENUE, SEDGWICK, KS 67135**      Latitude: 37.91631 Longitude: -97.41807 (NAD 27)

WATER WELL OWNER: **MONICA SHAFFER**

RR#, St. Address, Box #: **16751 AUBURN CIRCLE**      Board of Agriculture, Division of Water  
City, State, ZIP Code: **WAMEGO, KS 66547**      Resources Application Number:

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

N

x	

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DEPTH OF WELL **39.2 ft.**

WELL'S STATIC WATER LEVEL **9.1 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	<b>7 <u>Lawn and Garden Only</u></b>	11 Injection Well
4 Industrial	8 Air Conditioning	12 Other

Was a chemical/bacteriological sample submitted to Department? Yes ☐ No ☒

If yes, mo/day/yr sample was submitted :    /    /

Water Well Disinfected: Yes ☒ No ☐

TYPE OF BLANK CASING USED:

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

Blank casing diameter **4 in.**      Was casing pulled? Yes ☐ No ☒      if yes, how much 0.0 ft bls  
Casing height ~~above or below~~ land surface **3 feet.**

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

Grout Plug Intervals:    From **39.2 ft.** to **3 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	
<b>4 <u>Lateral lines</u></b>	9 Feedyard	14 Abandoned water well	
5 Cess Pool	10 Livestock pens	15 Oil well / Gas well	

Direction from well? **South**      How many feet? approximately **20 ft.**

FROM	TO	PLUGGING MATERIALS
39.2	3	Bentonite Hole-Plug
3	0	Topsoil

CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under Kansas jurisdiction and was completed on (mo/day/year) **7 / 12 / 2010** 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  
by (signature) *Monica Shaffer*      Monica Shaffer, owner

David Randolph, GMD2 staff,  
witnessed the plugging of the  
abandoned well in 2010.

RECEIVED

JUL 20 2010

Equus Beds Groundwater  
Management District 2

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.