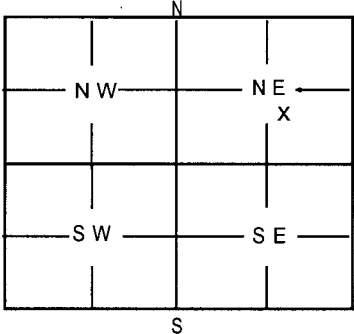
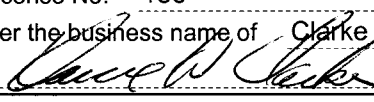


1	LOCATION OF WATER WELL: County: Harvey	Fraction NW 1/4 SE 1/4 NE 1/4	Section 2	Number	Township T 24 S	Number	Range R 2 E	Number W																											
Distance and direction from nearest town or city street address of well if located within city? East 10th St.																																			
2	WATER WELL OWNER: City of Halstead RR#, St. Address, Box # City Hall - 303 S. Main City, State, ZIP Code Halstead, KS 67056 Board of Agriculture, Division of Water Resources Application Number: 1,496 & 17,584																																		
3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: <div style="text-align: center;">  </div>		4 DEPTH OF WELL 126.6 ft WELL'S STATIC WATER LEVEL 22 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 & Garden) 11 Injection Well 4 Industrial 8 Air Conditioning 12 Other Was a chemical / bacteriological sample submitted to Department? Yes _____ No <input checked="" type="checkbox"/> If yes, mo/day/yr sample was submitted _____ Water Well Disinfected: Yes <input checked="" type="checkbox"/> No _____																																
5	TYPE OF BLANK CASING USED: 30" Steel Surface Casing 0' - 21' Grouted in Place 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 18 in. Was casing pulled? Yes <input checked="" type="checkbox"/> No _____ If yes, how much Top 24' of 18" Casing height above or below land surface 0 in.																																		
6	GROUT PLUG MATERIAL: 1 Neat Cement 2 Cement grout 3 Bentonite 4 Other _____ Grout Plug Intervals: From 5 ft. to 95 ft., From _____ ft. to _____ ft. From _____ ft. 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 Trichloroethene has been detected at this site 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? _____ How many feet? _____																																		
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:15%;">FROM</th> <th style="width:15%;">TO</th> <th style="width:70%;">PLUGGING MATERIALS</th> </tr> </thead> <tbody> <tr> <td>126.6</td> <td>95</td> <td>Chlorinated Sand</td> </tr> <tr> <td>95</td> <td>5</td> <td>Concrete Grout</td> </tr> <tr> <td>5</td> <td>0</td> <td>Compacted Topsoil</td> </tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>									FROM	TO	PLUGGING MATERIALS	126.6	95	Chlorinated Sand	95	5	Concrete Grout	5	0	Compacted Topsoil															
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Plugged in compliance with approved plugging plan - GMD #2 & KDHE																																			
7	CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 1/7/02 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 185 This Water Well Record was completed on (mo/day/year) 2-5-02 under the business name of Clarke Well & Equipment, Inc. by (signature) 																																		
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 & Environment, Bureau of Water, Topeka, Kansas 66620-0001. Telephone: 785/296-3565. Send one to Water Well Owner and retain one for your records.																																			