

1	LOCATION OF WATER WELL: County: <b>Harvey</b>	Fraction <b>S ½ SE ¼ NE ¼</b>	Section Number <b>2</b>	Township Number <b>24 S</b>	Range Number <b>2 W</b>																								
Distance and direction from nearest town or city street address of well if located within city? <b>325 East Tenth St. Halstead, KS</b>																													
2	WATER WELL OWNER: <b>Legg Company, Inc.</b> RR #, St. Address, Box #: <b>325 East Tenth St.</b> City, State, ZIP Code: <b>Halstead, KS 67056</b> Board of Agriculture, Division of Water Resources Application Number:																												
3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: <div style="text-align: center;">N W      E S      E S</div>																												
4	DEPTH OF WELL ..... <b>30</b> ..... ft WELL'S STATIC WATER LEVEL ..... <b>19</b> ..... ft. WELL WAS USED AS: 1 Domestic      5 Public Water Supply      9 Dewatering 2 Irrigation      6 Oil Field Water Supply      10 <u>Monitoring Well</u> 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 <u>X</u> ..... If yes, mo/day/yr sample was submitted ..... Water Well Disinfected: Yes ..... No .....																												
5	TYPE OF BLANK CASING USED: 1 Steel      3 RMP (SR)      5 Wrought      7 Fiberglass      9 Other (Specify below) <u>2 PVC</u> 4 ABS      6 Asbestos-Cement      8 Concrete Tile ..... Blank casing diameter ..... <b>2</b> ..... in.      Was casing pulled? Yes <u>X</u> ..... No ..... If yes, how much <b>entire well</b> Casing height above or below land surface ..... in.																												
6	GROUT PLUG MATERIAL: 1 Neat cement      2 Cement grout      3 Bentonite      4 Other <b>well pulled</b> ..... Grout Plug Intervals: From ..... ft. to ..... ft., From ..... ft. to ..... ft., From ..... 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 ..... 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:10%;">FROM</th> <th style="width:10%;">TO</th> <th style="width:80%;">PLUGGING MATERIALS</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">30</td> <td style="text-align: center;">15</td> <td style="text-align: center;">native sand</td> </tr> <tr> <td style="text-align: center;">15</td> <td style="text-align: center;">5</td> <td style="text-align: center;">coarse grained fill sand</td> </tr> <tr> <td style="text-align: center;">5</td> <td style="text-align: center;">0</td> <td style="text-align: center;">native black clay</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	30	15	native sand	15	5	coarse grained fill sand	5	0	native black clay												
FROM	TO	PLUGGING MATERIALS																											
30	15	native sand																											
15	5	coarse grained fill sand																											
5	0	native black clay																											
7	CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) <b>August 29, 2002</b> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <b>November 11, 2002</b> under the business name of <b>Trevor Gustafson, Burns + McDonnell on behalf of Legg</b> by (signature) <i>T. Gustafson</i> This Water Well Record was completed on (mo/day/year)																												
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.																													