

1 LOCATION OF WATER WELL: County: Harvey	Fraction SE 1/4NW 1/4NW 1/4	Section Number 3	Township Number 24 South	Range Number 2 West																														
Distance and direction from nearest town or city street address of well if located within city? From Halstead, KS: 3/4 Mile West and 1/4 Mile South																																		
2 WATER WELL OWNER: Thomas L. Foster Testamentary Trust C/O Richard T. Foster, R.H. Garvey Building RR#, St. Address, Box #: 300 W. Douglas, Suite 500 Board of Agriculture, Division of Water Resources City, State, ZIP Code : Wichita, KS 67202 Application Number: N/A																																		
3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: N <table border="1" style="margin: auto; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px; text-align: center;">X</td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="text-align: center;">W</td><td style="text-align: center;">N E</td><td style="text-align: center;">E</td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="text-align: center;">S W</td><td style="text-align: center;">S E</td><td style="text-align: center;">E</td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="text-align: center;">S</td><td></td><td></td></tr></table>			X		W	N E	E				S W	S E	E				S			4 DEPTH OF WELL..... 83ft. WELL'S STATIC WATER LEVEL..... 43ft. WELL WAS USED AS: <table style="width:100%;"><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 Feedlot</td><td>7 Lawn and Garden Only</td><td>11 Injection Well</td></tr><tr><td>4 Industrial</td><td>8 Air Conditioning</td><td>12 Other.....</td></tr></table> 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.....			1 Domestic	5 Public Water Supply	9 Dewatering	2 Irrigation	6 Oil Field Water Supply	10 Monitoring Well	3 Feedlot	7 Lawn and Garden Only	11 Injection Well	4 Industrial	8 Air Conditioning	12 Other.....
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5 TYPE OF BLANK CASING USED: <table style="width:100%;"><tr><td>1 Steel</td><td>3 RMP (SR)</td><td>5 Wrought</td><td>7 Fiberglass</td><td>9 Other (specify below)</td></tr><tr><td>2 PVC</td><td>4 ABS</td><td>6 Asbestos-Cement</td><td>8 Concrete Tile</td><td></td></tr></table> Blank casing diameter..... 16in. Was casing pulled? Yes..... No.. X .. If yes, how much..... Casing height above below land surface..... 36in.					1 Steel	3 RMP (SR)	5 Wrought	7 Fiberglass	9 Other (specify below)	2 PVC	4 ABS	6 Asbestos-Cement	8 Concrete Tile																					
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6 GROUT PLUG MATERIAL: 1 Neat cement <u>2 Cement grout</u> 3 Bentonite 4 Other..... Grout Plug Intervals: From..... 43ft. to..... 3ft., From.....ft. toft., From..... to.....ft. What is the nearest source of possible contamination: <table style="width:100%;"><tr><td>1 Septic tank</td><td>6 Seepage pit</td><td>11 Fuel storage</td><td>16 Other (specify below)</td></tr><tr><td>2 Sewer lines</td><td>7 Pit privy</td><td>12 Fertilizer storage</td><td></td></tr><tr><td>3 Watertight sewer lines</td><td>8 Sewage lagoon</td><td>13 Insecticide storage</td><td></td></tr><tr><td><u>4 Lateral lines</u></td><td>9 Feedyard</td><td>14 Abandoned water well</td><td></td></tr><tr><td>5 Cess Pool</td><td>10 Livestock pens</td><td>15 Oil well/Gas well</td><td></td></tr></table> Direction from well? North How many feet? 1000					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		<u>4 Lateral lines</u>	9 Feedyard	14 Abandoned water well		5 Cess Pool	10 Livestock pens	15 Oil well/Gas well											
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7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year)..... 08/17/94 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. n/a This Water Well Record was completed on (mo/day/year)..... 08/19/94 under the business name of n/a by (signature) <u>Clyde N. Young</u> Clyde Young, Agent																																		
INSTRUCTIONS: Use typewriter or ball point pen. <u>Please press firmly</u> and <u>print</u> 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: 913/296-3565. Send one to Water Well Owner and retain one for your records.																																		

Plugging witnessed by Tim Boese, GMD2