

LOCATION OF WATER WELL: HARVEY	Fraction SW 1/4 SW 1/4 SW 1/4	Section Number 10	Township Number 24	Range Number 3W
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Distance and direction from nearest town or city street address of well if located within city?

40' NORTH & 18' EAST OF PRAIRIE LAKE RD & SW 60TH INTERSECTION

WATER WELL OWNER: Equus Beds Groundwater Management District No. 2
RR#, St. Address, Box #: 313 Spruce Street
City, State, ZIP Code: Halstead, Kansas 67056

Board of Agriculture, Division of Water Resources
Application Number: NOT APPLICABLE

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

N	
X	
S	

DEPTH OF WELL 54 ft.

WELL'S STATIC WATER LEVEL 12.03 ft.

WELL WAS USED AS:

- | | | |
|--------------|--------------------------|-----------------------------------|
| 1 Domestic | 5 Public Water Supply | 9 Dewatering |
| 2 Irrigation | 6 Oil Field Water Supply | 10 <u>Monitoring Well - EB12A</u> |
| 3 Feedlot | 7 Lawn and Garden Only | 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: / /

WaterWell Disinfected: Yes ☐ No X

TYPE OF BLANK CASING USED:

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

Blank casing diameter 1.25 in. Was casing pulled? Yes ☐ No X if yes, how muchCasing height above or below land surface 36 in.GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other

Grout Plug Intervals: From 54 ft. to 3 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 <u>Other</u> NONE APPARENT |
| 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? WITHIN 3000

FROM	TO	PLUGGING MATERIALS
54	3	BENTONITE HOLEPLUG
3	0	TOPSOIL

CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 11 / 22 / 00 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. N/A under the business name of EQUUS BEDS GMD2 by (signature) *Michael J. Deary*

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.