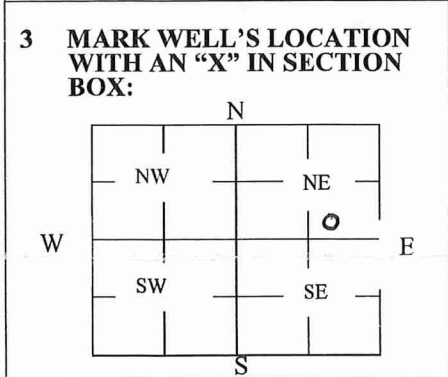


1 LOCATION OF WATER WELL: Fraction 1/4 SW 1/4 SE 1/4 NE 1/4 Section Number 1 Township Number T6 S Range Number 28 E W
 County: 1-6-28 Sheridan

Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here South of owner's Address
Global Positioning Systems (GPS) information:
 Latitude: _____ (in decimal degrees)
 Longitude: _____ (in decimal degrees)
 Elevation: _____
 Horizontal Datum: WGS84, NAD83, NAD27
 Collection Method: _____

2 WATER WELL OWNER: Gerard & Velma Meitl
 RR#, St. Address, Box #: 1868 K9
 City, State ZIP Code: Dresden KS 67035
 GPS unit (Make/Model: _____)
 Digital Map/Photo, Topographic Map, Land Survey
 Est. Accuracy: < 3 m, 3-5 m, 5-15 m, > 15 m



4 DEPTH OF WELL _____ ft. not measured
 WELL'S STATIC WATER LEVEL _____ ft.
 WELL WAS USED AS:
 Cattle Domestic Public Water Supply Dewatering
 Irrigation Oil Field Water Supply Monitoring
 Feedlot Domestic (Lawn & Garden) Injection Well
 Industrial Air Conditioning Other _____
 Was a chemical/bacteriological sample submitted to Department? Yes No

5 TYPE OF BLANK CASING USED:
 Steel RMP (SR) Wrought Fiberglass Other (Specify below)
 PVC ABS Asbestos-Cement Concrete Tile Stone Pipe was installed
 Blank casing diameter 4" in. Was casing pulled? Yes No If yes, how much 5' From top of well
 Casing height above or below land surface was level in. with Ground.

6 GROUT PLUG MATERIAL: Neat cement Cement grout Bentonite Other _____
 Grout Plug Intervals: From _____ ft. to _____ ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.
 What is the nearest source of possible contamination:
 Septic tank Seepage pit Fuel storage Other (specify below)
 Sewer lines Pit privy Fertilizer storage
 Watertight sewer lines Sewage lagoon Insecticide storage
 Lateral lines Feedyard Abandoned water well Oil well/Gas well
 Cess pool Livestock pens
 Direction from well? NW From well
 How many feet? South South 1
2000 ft

FROM	TO	PLUGGING MATERIALS	FROM	TO	PLUGGING MATERIALS
Bottom of well		- Chlorine 10% added			
Sugar Sand	to top of water line				
bentonite	to 5' below surface				
bentonite cap					
Cover	5' of yellow clay - native soil over cap				

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 3-26-2025 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. _____ This Water Well Record was completed on (mo/day/year) _____ under the business name of _____ by (signature) Gerard O.F. Meitl

Send one white copy to Kansas Department of Health & Environment, Geology Section, 1000 SW Jackson Street, Ste. 420, Topeka, KS 66612-1367. Send one copy to WATER WELL OWNER and retain one for your records.
 Visit us at <http://www.kdheks.gov/waterwell/index.html> Telephone 785-296-5524.