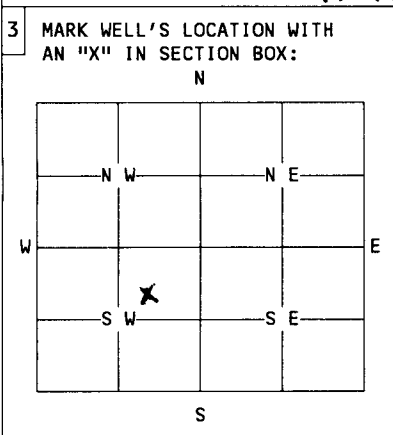


1 LOCATION OF WATER WELL: Fraction Section Number Township Number Range Number
 County: Washington SW 1/4 NE 1/4 SW 1/4 34 1 4 E

Distance and direction from nearest town or city street address of well if located within city?
4 1/2 miles west and 2 miles north of Hanover KS

2 WATER WELL OWNER: Ronald Goeckel
 RR#, St. Address, Box #: 2232 24th Road Board of Agriculture, Division of Water Resources
 City, State, ZIP Code : Hanover, KS 66945 Application Number:



4 DEPTH OF WELL.....23.ft.
 WELL'S STATIC WATER LEVEL.....19.ft.
 WELL WAS USED AS:
 Domestic 5 Public Water Supply 9 Dewatering
 Irrigation 6 Oil Field Water Supply 10 Monitoring Well
 Feedlot 7 Lawn and Garden Only 11 Injection Well
 Industrial 8 Air Conditioning 12 Other.....
 Was a chemical/bacteriological sample submitted to Department? Yes... No...
 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)
 2 PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile ...Rock.....
 Blank casing diameter...30...in. Was casing pulled? Yes..... No..... If yes, how much.....
 Casing height above or below land surface.....in.

6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other.....
 Grout Plug Intervals: From 4 1/2ft. to 5ft., From.....ft. toft., From..... toft.

- What is the nearest source of possible contamination:
- 1 Septic tank
 - 2 Sewer lines
 - 3 Watertight sewer lines
 - 4 Lateral lines
 - 5 Cess Pool
 - 6 Seepage pit
 - 7 Pit privy
 - 8 Sewage lagoon
 - 9 Feedyard
 - 10 Livestock pens
 - 11 Fuel storage
 - 12 Fertilizer storage
 - 13 Insecticide storage
 - 14 Abandoned water well
 - 15 Oil well/Gas well
 - 16 Other (specify below)

Direction from well? How many feet?

FROM	TO	PLUGGING MATERIALS
<u>0</u>	<u>4 1/2</u>	<u>Top Soil</u>
<u>4 1/2</u>	<u>5</u>	<u>Bentonite</u>
<u>5</u>	<u>19</u>	<u>Sub soil</u>
<u>19</u>	<u>23</u>	<u>Chlorinated Sand</u>

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year)..... 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) Ronald Goeckel

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.