

1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
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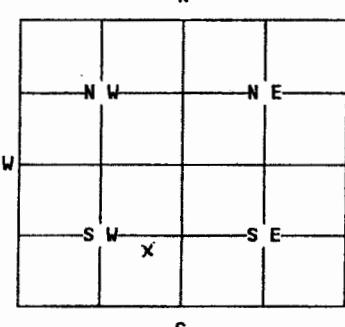
County: Butler	NE1/4SE 1/4SW1/4	31	255	8E
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Distance and direction from nearest town or city street address of well if located within city? From Rosalia, 1.5 miles NE				
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2 WATER WELL OWNER: Gottsch Enterprises, Rosalia Ranch	PO Box 1128	Board of Agriculture, Division of Water Resources
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RR#, St. Address, Box #:	Hastings NE 68902	Application Number: na
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3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4 DEPTH OF WELL.....31.....ft.
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WELL'S STATIC WATER LEVEL.....29.....ft.

WELL WAS USED AS:

- |              |                          |  |
|--------------|--------------------------|--|
| 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       | <input checked="" type="checkbox"/> 12 Other...1&2st well... |

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:
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- |   |            |                   |                 |                         |
|---|------------|-------------------|-----------------|-------------------------|
| 1 Steel                                   | 3 RMP (SR) | 5 Wrought         | 7 Fiberglass    | 9 Other (specify below) |
| <input checked="" type="checkbox"/> 2 PVC | 4 ABS      | 6 Asbestos-Cement | 8 Concrete Tile | .....                   |

Blank casing diameter.....6.....in. Was casing pulled? Yes..... No... If yes, how much.....  
Casing height above or below land surface.....60.....in.

6 GROUT PLUG MATERIAL: 1 Neat cement	2 Cement grout	<input checked="" type="checkbox"/> 3 Bentonite	4 Other.....
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Grout Plug Intervals: From 28 ft. to 6 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         | <input checked="" type="checkbox"/> 16 Other (specify below)<br>.....livestock, bags... |
| 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              | <input checked="" type="checkbox"/> 10 Livestock pens | 15 Oil well/Gas well    |   |

Direction from well? ....SW..... How many feet? @ 6,500.....

FROM	TO	PLUGGING MATERIALS
31'	29'	Sand
28'	6'	Bentonite
5'	0	Topsoil

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year).....6-7-05..... and this record is true to the best of my knowledge and belief. Kansas
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Water Well Contractor's License No. ..... This Water Well Record was completed on (mo/day/year).....10-3-05..... under the business name of ..Gottsch. Date.....10-3-05.....

by (signature) ..... *10-3-05 Date*

Kansas Dept. of Health & Environment  
Bureau of Water - Geology Section  
1000 SW Jackson Street, Suite 420  
Topeka KS 66612-1367

Please press firmly and print clearly. Please fill in blanks,  
Send top three copies to Kansas Department of Health and Environment,  
10-0001. Phone: 785-296-5565. Send one to Water Well Owner and retain  
one for your records.