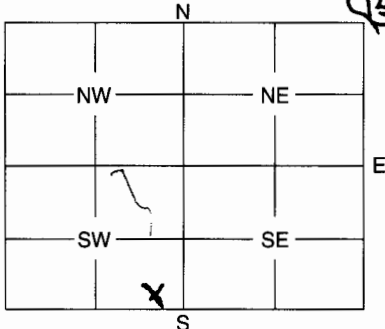


1 LOCATION OF WATER WELL: Fraction Section Number Township Number Range Number
 County: Brown SE 1/4 SW 1/4 SW 1/4 15 2 17 E/W

Distance and direction from nearest town or city street address of well if located within city?
1 mile north or 14 miles east of Hiawatha on 250th st.

2 WATER WELL OWNER: Leonard Puvogel
 RR #, St. Address, Box #: 1630 250th St.
 City, State, ZIP Code: Hiawatha, KS, 66434
 Board of Agriculture, Division of Water Resources
 Application Number: _____

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


4 DEPTH OF WELL 32. ft.
 WELL'S STATIC WATER LEVEL 18. 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 Domestic (Lawn & Garden) 11 Injection Well
 4 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) Hand dug
 2 PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile

Blank casing diameter 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 ft. to ft., From 5. ft. to 4.5 ft., From to

What is the nearest source of possible contamination:
 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
 4 Lateral lines 9 Feedyard 14 Abandoned water well
 5 Cess pool 10 Livestock pens 15 Oil well/Gas well

Direction from well? North east How many feet? 150

FROM	TO	PLUGGING MATERIALS
<u>32.</u>	<u>14.</u>	<u>Chlorine & Sand</u>
<u>14.</u>	<u>5.</u>	<u>Subsoil</u>
<u>5.</u>	<u>4.5</u>	<u>Bentonite</u>
<u>4.5</u>	<u>0.0</u>	<u>Top Soil</u>

7 CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 6-27-05 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) Leonard Puvogel by Paul Kleppe, NRS Coord, for Br. G. On, Dist 1-8-08

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, Geology Section, 1000 SW Jackson St., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 785/296-5522. Send one to Water Well Owner and retain one for your records.