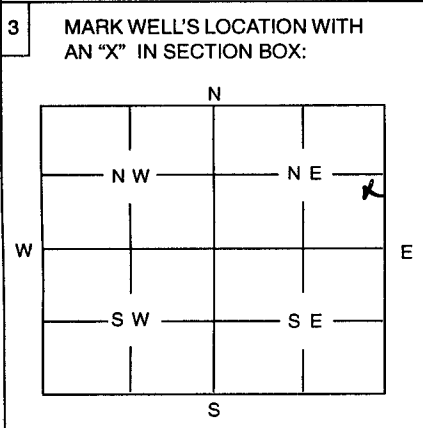


1 LOCATION OF WATER WELL: Fraction NE 1/4 SE 1/4 NE 1/4 Section Number 32 Township Number 5 Range Number 19 E
 County: Atchison

Distance and direction from nearest town or city street address of well if located within city?
301 W. Broadway, Lancaster

2 WATER WELL OWNER: Lancaster Oil MW-6
 RR #, St. Address, Box #: Box 7
 City, State, ZIP Code: Lancaster, KS Board of Agriculture, Division of Water Resources
 Application Number: _____



4 DEPTH OF WELL 18 ft
 WELL'S STATIC WATER LEVEL Dry ft
 WELL WAS USED AS:
 1 Domestic 2 Irrigation 3 Feedlot 4 Industrial 5 Public Water Supply 6 Oil Field Water Supply 7 Domestic (Lawn & Garden) 8 Air Conditioning 9 Dewatering 10 Monitoring Well 11 Injection Well 12 Other
 Was a chemical / bacteriological sample submitted to Department? Yes No X
 If yes, mo/day/yr sample was submitted
 Water Well Disinfected: Yes No X

5 TYPE OF BLANK CASING USED:
 1 Steel 2 PVC 3 RMP (SR) 4 ABS 5 Wrought 6 Asbestos-Cement 7 Fiberglass 8 Concrete Tile 9 Other (Specify below)
 Blank casing diameter... 2 in. Was casing pulled? Yes X No If yes, how much 18
 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 ft. to ft., From to ft.
 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>18</u>	<u>3</u>	<u>Bentonite</u>
<u>3</u>	<u>0</u>	<u>Soil</u>

RECEIVED
 AUG 24 2000
 BUREAU OF ENVIRONMENTAL REMEDIATION

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 2/1/00 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 6141 This Water Well Record was completed on (mo/day/year) 5/17/00 under the business name of Maxim Tech by (signature) [Signature]

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.