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| 1 LOCATION OF WATER WELL:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Fraction   | Section Number                                    | Township Number                                                                                                                                                                                       | Range Number |      |    |                    |          |            |                |            |            |                           |            |  |                            |  |  |  |   |  |  |  |  |  |   |   |  |  |   |   |  |  |  |  |  |                                                                           |  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|---------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|------|----|--------------------|----------|------------|----------------|------------|------------|---------------------------|------------|--|----------------------------|--|--|--|---|--|--|--|--|--|---|---|--|--|---|---|--|--|--|--|--|---------------------------------------------------------------------------|--|--|
| County: <u>Washington</u> <u>SE 1/4 SE 1/4 NE 1/4</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |            | <u>8</u>                                          | <u>5</u>                                                                                                                                                                                              | <u>4</u>     |      |    |                    |          |            |                |            |            |                           |            |  |                            |  |  |  |   |  |  |  |  |  |   |   |  |  |   |   |  |  |  |  |  |                                                                           |  |  |
| Distance and direction from nearest town or city street address of well if located within city?<br><u>Greenleaf is North 6 miles and 1/2 mile west</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |            |                                                   |                                                                                                                                                                                                       |              |      |    |                    |          |            |                |            |            |                           |            |  |                            |  |  |  |   |  |  |  |  |  |   |   |  |  |   |   |  |  |  |  |  |                                                                           |  |  |
| 2 WATER WELL OWNER: <u>Randy Lohmeyer</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |            |                                                   |                                                                                                                                                                                                       |              |      |    |                    |          |            |                |            |            |                           |            |  |                            |  |  |  |   |  |  |  |  |  |   |   |  |  |   |   |  |  |  |  |  |                                                                           |  |  |
| RR#, St. Address, Box #: <u>178 Thunder Road</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |            | Board of Agriculture, Division of Water Resources |                                                                                                                                                                                                       |              |      |    |                    |          |            |                |            |            |                           |            |  |                            |  |  |  |   |  |  |  |  |  |   |   |  |  |   |   |  |  |  |  |  |                                                                           |  |  |
| City, State, ZIP Code: <u>Greenleaf, KS 66943</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |            | Application Number:                               |                                                                                                                                                                                                       |              |      |    |                    |          |            |                |            |            |                           |            |  |                            |  |  |  |   |  |  |  |  |  |   |   |  |  |   |   |  |  |  |  |  |                                                                           |  |  |
| 3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:<br>N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |            | 4 DEPTH OF WELL..... <u>13</u> .....ft.           |                                                                                                                                                                                                       |              |      |    |                    |          |            |                |            |            |                           |            |  |                            |  |  |  |   |  |  |  |  |  |   |   |  |  |   |   |  |  |  |  |  |                                                                           |  |  |
| <table border="1" style="width:100%; text-align: center;"> <tr><td></td><td></td><td></td><td></td></tr> <tr><td>N</td><td>W</td><td></td><td>N</td><td>E</td></tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>W</td><td></td><td></td><td></td><td>E</td></tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>S</td><td>W</td><td></td><td></td><td>S</td><td>E</td></tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> </table>                                                                                                                                                                                                             |            |                                                   |                                                                                                                                                                                                       |              |      | N  | W                  |          | N          | E              |            |            |                           |            |  | W                          |  |  |  | E |  |  |  |  |  | S | W |  |  | S | E |  |  |  |  |  | WELL'S STATIC WATER LEVEL..... <u>4</u> .....ft. <u>to H<sub>2</sub>O</u> |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |            |                                                   |                                                                                                                                                                                                       |              |      |    |                    |          |            |                |            |            |                           |            |  |                            |  |  |  |   |  |  |  |  |  |   |   |  |  |   |   |  |  |  |  |  |                                                                           |  |  |
| N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | W          |                                                   | N                                                                                                                                                                                                     | E            |      |    |                    |          |            |                |            |            |                           |            |  |                            |  |  |  |   |  |  |  |  |  |   |   |  |  |   |   |  |  |  |  |  |                                                                           |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |            |                                                   |                                                                                                                                                                                                       |              |      |    |                    |          |            |                |            |            |                           |            |  |                            |  |  |  |   |  |  |  |  |  |   |   |  |  |   |   |  |  |  |  |  |                                                                           |  |  |
| W                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |            |                                                   |                                                                                                                                                                                                       | E            |      |    |                    |          |            |                |            |            |                           |            |  |                            |  |  |  |   |  |  |  |  |  |   |   |  |  |   |   |  |  |  |  |  |                                                                           |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |            |                                                   |                                                                                                                                                                                                       |              |      |    |                    |          |            |                |            |            |                           |            |  |                            |  |  |  |   |  |  |  |  |  |   |   |  |  |   |   |  |  |  |  |  |                                                                           |  |  |
| S                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | W          |                                                   |                                                                                                                                                                                                       | S            | E    |    |                    |          |            |                |            |            |                           |            |  |                            |  |  |  |   |  |  |  |  |  |   |   |  |  |   |   |  |  |  |  |  |                                                                           |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |            |                                                   |                                                                                                                                                                                                       |              |      |    |                    |          |            |                |            |            |                           |            |  |                            |  |  |  |   |  |  |  |  |  |   |   |  |  |   |   |  |  |  |  |  |                                                                           |  |  |
| WELL WAS USED AS:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |            |                                                   |                                                                                                                                                                                                       |              |      |    |                    |          |            |                |            |            |                           |            |  |                            |  |  |  |   |  |  |  |  |  |   |   |  |  |   |   |  |  |  |  |  |                                                                           |  |  |
| <input checked="" type="checkbox"/> 1 Domestic<br><input checked="" type="checkbox"/> 2 Irrigation<br><input type="checkbox"/> 3 Feedlot<br><input type="checkbox"/> 4 Industrial                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |            |                                                   | <input type="checkbox"/> 5 Public Water Supply<br><input type="checkbox"/> 6 Oil Field Water Supply<br><input type="checkbox"/> 7 Lawn and Garden Only<br><input type="checkbox"/> 8 Air Conditioning |              |      |    |                    |          |            |                |            |            |                           |            |  |                            |  |  |  |   |  |  |  |  |  |   |   |  |  |   |   |  |  |  |  |  |                                                                           |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |            |                                                   | <input type="checkbox"/> 9 Dewatering<br><input type="checkbox"/> 10 Monitoring Well<br><input type="checkbox"/> 11 Injection Well<br><input type="checkbox"/> 12 Other.....                          |              |      |    |                    |          |            |                |            |            |                           |            |  |                            |  |  |  |   |  |  |  |  |  |   |   |  |  |   |   |  |  |  |  |  |                                                                           |  |  |
| Was a chemical/bacteriological sample submitted to Department? Yes....No <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |            |                                                   |                                                                                                                                                                                                       |              |      |    |                    |          |            |                |            |            |                           |            |  |                            |  |  |  |   |  |  |  |  |  |   |   |  |  |   |   |  |  |  |  |  |                                                                           |  |  |
| If yes, mo/day/yr sample was submitted.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |                                                   |                                                                                                                                                                                                       |              |      |    |                    |          |            |                |            |            |                           |            |  |                            |  |  |  |   |  |  |  |  |  |   |   |  |  |   |   |  |  |  |  |  |                                                                           |  |  |
| Water Well Disinfected: Yes <input checked="" type="checkbox"/> No.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |            |                                                   |                                                                                                                                                                                                       |              |      |    |                    |          |            |                |            |            |                           |            |  |                            |  |  |  |   |  |  |  |  |  |   |   |  |  |   |   |  |  |  |  |  |                                                                           |  |  |
| 5 TYPE OF BLANK CASING USED:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |            |                                                   |                                                                                                                                                                                                       |              |      |    |                    |          |            |                |            |            |                           |            |  |                            |  |  |  |   |  |  |  |  |  |   |   |  |  |   |   |  |  |  |  |  |                                                                           |  |  |
| 1 Steel    3 RMP (SR)    5 Wrought    7 Fiberglass <u>9 Other (specify below)</u><br>2 PVC    4 ABS    6 Asbestos-Cement    8 Concrete Tile <u>back... Hank... dug...</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |            |                                                   |                                                                                                                                                                                                       |              |      |    |                    |          |            |                |            |            |                           |            |  |                            |  |  |  |   |  |  |  |  |  |   |   |  |  |   |   |  |  |  |  |  |                                                                           |  |  |
| Blank casing diameter... <u>60</u> .....in.    Was casing pulled? Yes <input checked="" type="checkbox"/> No..... If yes, how much... <u>6.5 ft.</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |            |                                                   |                                                                                                                                                                                                       |              |      |    |                    |          |            |                |            |            |                           |            |  |                            |  |  |  |   |  |  |  |  |  |   |   |  |  |   |   |  |  |  |  |  |                                                                           |  |  |
| Casing height above or below land surface..... <u>40</u> .....in.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |            |                                                   |                                                                                                                                                                                                       |              |      |    |                    |          |            |                |            |            |                           |            |  |                            |  |  |  |   |  |  |  |  |  |   |   |  |  |   |   |  |  |  |  |  |                                                                           |  |  |
| 6 GROUT PLUG MATERIAL: 1 Neat cement    2 Cement grout <u>3 Bentonite</u> 4 Other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |            |                                                   |                                                                                                                                                                                                       |              |      |    |                    |          |            |                |            |            |                           |            |  |                            |  |  |  |   |  |  |  |  |  |   |   |  |  |   |   |  |  |  |  |  |                                                                           |  |  |
| Grout Plug Intervals: From... <u>15</u> .....ft. to... <u>50</u> .....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    16 Other (specify below)<br>2 Sewer lines    7 Pit privy    12 Fertilizer storage<br>3 Watertight sewer lines    8 Sewage lagoon    13 Insecticide storage<br>4 Lateral lines    9 Feedyard    14 Abandoned water well<br>5 Cess Pool    10 Livestock pens    15 Oil well/Gas well                                                                                                                                                                                                                                                                                                                                                    |            |                                                   |                                                                                                                                                                                                       |              |      |    |                    |          |            |                |            |            |                           |            |  |                            |  |  |  |   |  |  |  |  |  |   |   |  |  |   |   |  |  |  |  |  |                                                                           |  |  |
| Direction from well? ..... How many feet? .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |            |                                                   |                                                                                                                                                                                                       |              |      |    |                    |          |            |                |            |            |                           |            |  |                            |  |  |  |   |  |  |  |  |  |   |   |  |  |   |   |  |  |  |  |  |                                                                           |  |  |
| <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:10%;">FROM</th> <th style="width:10%;">TO</th> <th style="width:80%;">PLUGGING MATERIALS</th> </tr> </thead> <tbody> <tr> <td><u>0</u></td> <td><u>4.5</u></td> <td><u>Topsoil</u></td> </tr> <tr> <td><u>4.5</u></td> <td><u>5.0</u></td> <td><u>3.0 Bentonite Plug</u></td> </tr> <tr> <td><u>5.0</u></td> <td></td> <td><u>B. Co. Chummed Sand</u></td> </tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table> |            |                                                   |                                                                                                                                                                                                       |              | FROM | TO | PLUGGING MATERIALS | <u>0</u> | <u>4.5</u> | <u>Topsoil</u> | <u>4.5</u> | <u>5.0</u> | <u>3.0 Bentonite Plug</u> | <u>5.0</u> |  | <u>B. Co. Chummed Sand</u> |  |  |  |   |  |  |  |  |  |   |   |  |  |   |   |  |  |  |  |  |                                                                           |  |  |
| FROM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | TO         | PLUGGING MATERIALS                                |                                                                                                                                                                                                       |              |      |    |                    |          |            |                |            |            |                           |            |  |                            |  |  |  |   |  |  |  |  |  |   |   |  |  |   |   |  |  |  |  |  |                                                                           |  |  |
| <u>0</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <u>4.5</u> | <u>Topsoil</u>                                    |                                                                                                                                                                                                       |              |      |    |                    |          |            |                |            |            |                           |            |  |                            |  |  |  |   |  |  |  |  |  |   |   |  |  |   |   |  |  |  |  |  |                                                                           |  |  |
| <u>4.5</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <u>5.0</u> | <u>3.0 Bentonite Plug</u>                         |                                                                                                                                                                                                       |              |      |    |                    |          |            |                |            |            |                           |            |  |                            |  |  |  |   |  |  |  |  |  |   |   |  |  |   |   |  |  |  |  |  |                                                                           |  |  |
| <u>5.0</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |            | <u>B. Co. Chummed Sand</u>                        |                                                                                                                                                                                                       |              |      |    |                    |          |            |                |            |            |                           |            |  |                            |  |  |  |   |  |  |  |  |  |   |   |  |  |   |   |  |  |  |  |  |                                                                           |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |            |                                                   |                                                                                                                                                                                                       |              |      |    |                    |          |            |                |            |            |                           |            |  |                            |  |  |  |   |  |  |  |  |  |   |   |  |  |   |   |  |  |  |  |  |                                                                           |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |            |                                                   |                                                                                                                                                                                                       |              |      |    |                    |          |            |                |            |            |                           |            |  |                            |  |  |  |   |  |  |  |  |  |   |   |  |  |   |   |  |  |  |  |  |                                                                           |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |            |                                                   |                                                                                                                                                                                                       |              |      |    |                    |          |            |                |            |            |                           |            |  |                            |  |  |  |   |  |  |  |  |  |   |   |  |  |   |   |  |  |  |  |  |                                                                           |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |            |                                                   |                                                                                                                                                                                                       |              |      |    |                    |          |            |                |            |            |                           |            |  |                            |  |  |  |   |  |  |  |  |  |   |   |  |  |   |   |  |  |  |  |  |                                                                           |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |            |                                                   |                                                                                                                                                                                                       |              |      |    |                    |          |            |                |            |            |                           |            |  |                            |  |  |  |   |  |  |  |  |  |   |   |  |  |   |   |  |  |  |  |  |                                                                           |  |  |
| 7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) <u>6/1/99</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>Landowner</u> . This Water Well Record was completed on (mo/day/year) <u>6/1/99</u> under the business name of <u>Washington Co. Construction Dist. 4</u> by (signature) <u>W. Lohmeyer</u> <u>W. Lohmeyer</u>                                                                                                                                                                                                               |            |                                                   |                                                                                                                                                                                                       |              |      |    |                    |          |            |                |            |            |                           |            |  |                            |  |  |  |   |  |  |  |  |  |   |   |  |  |   |   |  |  |  |  |  |                                                                           |  |  |
| 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: 913/296-3565. Send one to Water Well Owner and retain one for your records.                                                                                                                                                                                                                                                                                                                            |            |                                                   |                                                                                                                                                                                                       |              |      |    |                    |          |            |                |            |            |                           |            |  |                            |  |  |  |   |  |  |  |  |  |   |   |  |  |   |   |  |  |  |  |  |                                                                           |  |  |

 TS 5. R 4 E  
 Sec. 8 SE SE NE

RECEIVED

JUN 15 1999

BUREAU OF WATER