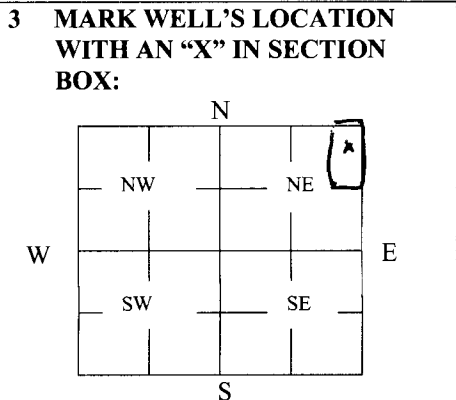


1 LOCATION OF WATER WELL: County: <u>Riley</u>	Fraction <u>NE</u> 1/4 1/4 1/4	Section Number <u>26</u>	Township Number <u>8</u>	Range Number <u>6</u> B/W
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Distance and direction from nearest town or city street address of well if located within city? DEL

2 WATER WELL OWNER: <u>Bob Goodband</u> RR#, St. Address, Box #: <u>7661 Fairview Church</u> City, State ZIP Code: <u>Manhattan KS 66503</u>	Global Positioning Systems (decimal degrees, min. of 4 digits) Latitude: _____ Longitude: _____ Elevation: _____ Datum: _____ Data Collection Method: _____
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4 DEPTH OF WELL 40 ft.
WELL'S STATIC WATER LEVEL 30 ft.
WELL WAS USED AS:

1 Domestic	5 Public Water Supply	9 Dewatering
2 Irrigation	6 Oil Field Water Supply	10 Monitoring
3 Feedlot	7 Domestic (Lawn & Garden)	11 Injection Well
4 Industrial	8 Air Conditioning	12 Other <u>✓ not in use</u>

Was a chemical/bacteriological sample submitted to Department? Yes _____ No X

5 TYPE OF BLANK CASING USED:

1 Steel	3 RMP (SR)	5 Wrought	7 Fiberglass	9 Other (Specify below)
<u>2</u> PVC	4 ABS	6 Asbestos-Cement	8 Concrete Tile	_____

Blank casing diameter 6 in. Was casing pulled? Yes X No _____ If yes, how much _____
 Casing height above or below land surface 6 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	6 Seepage pit	11 Fuel Storage	16 Other (specify below)
2 Sewer lines	7 Pit privy	12 Fertilizer storage	_____
3 Watertight sewer lines	<u>8</u> Sewage lagoon	13 Insecticide storage	_____
4 Lateral lines	9 Feedyard	14 Abandoned water well	Direction from well? <u>NE</u>
5 Cess pool	10 Livestock pens	15 Oil well/Gas well	How many feet? <u>1500</u>

FROM	TO	PLUGGING MATERIALS	FROM	TO	PLUGGING MATERIALS
<u>40'</u>	<u>3'</u>	<u>Bentonite</u>			
<u>3'</u>	<u>0</u>	<u>Gravel</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) Bob Goodband

INSTRUCTIONS: Use typewriter or ballpoint 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. Visit us at <http://www.kdheks.gov/geo/waterwells>.