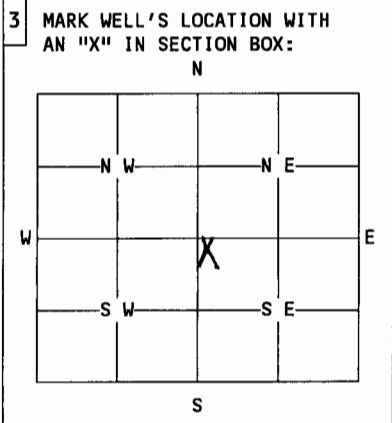


1	LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County:	KEARNY	NW <sup>1</sup> / <sub>4</sub> SE <sup>1</sup> / <sub>4</sub> SE <sup>1</sup> / <sub>4</sub>	8	25	35 W

Distance and direction from nearest town or city street address of well if located within city?  
 6 miles SW of Deerfield

2 WATER WELL OWNER: CALVIN KOEHN  
 RR#, St. Address, Box #: RRI Box 17A  
 City, State, ZIP Code : Lakin, KS. 67860  
 Board of Agriculture, Division of Water Resources  
 Application Number:



4 DEPTH OF WELL..... 283 .....ft.  
 WELL'S STATIC WATER LEVEL..... 130 .....ft.  
 WELL WAS USED AS: 2  
 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        12 Other.....  
 Was a chemical/bacteriological sample submitted to Department? Yes....No...  
 If yes, mo/day/yr sample was submitted.....  
 Water Well Disinfected: Yes...X... No.....

5 TYPE OF BLANK CASING USED: 1  
 1 Steel    3 RMP (SR)    5 Wrought    7 Fiberglass    9 Other (specify below)  
 2 PVC    4 ABS        6 Asbestos-Cement    8 Concrete Tile  
 Blank casing diameter..... 16 .....in.    Was casing pulled? Yes..... No...X... If yes, how much.....  
 Casing height above or below land surface..... 36 .....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: 16  
 1 Septic tank                      6 Seepage pit                      11 Fuel storage                      16 Other (specify below)  
 2 Sewer lines                      7 Pit privy                          12 Fertilizer storage                      IRRIG...PIVOT...  
 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? ..N.W. ....                      How many feet? ..... 8' .....

FROM	TO	PLUGGING MATERIALS
283'	192'	WELL COLLAPSED BY NATURE
192'	130'	CHLORINATED SAND
130'	3'	CEMENT-MUSHROOM @ TOP
3'	0'	TOPSOIL

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 4-4-97..... 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) 5-20-97..... under the business name of..... by (signature) Calvin Koehn by Dawn Koehn P.S.A.

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.