

1	LOCATION OF WATER WELL:	Fraction SW ¼ SE ¼ SE ¼	Section Number 24	Township Number 8	Range Number 40	EW
---	-------------------------	----------------------------	----------------------	----------------------	--------------------	----

Distance and direction from nearest town or city street address of well if located within city?
1104 West Hwy 24

2	WATER WELL OWNER: Goodland Greenline Inc - Ron Lucas 1104 W Hwy 24 RR #, St. Address, Box #: Goodland, KS 67735 City, State, ZIP Code :	Board of Agriculture, Division of Water Resources Application Number:
---	--	--

3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4	DEPTH OF WELL 206.50 ft. WELL'S STATIC WATER LEVEL 199.45 ft. WELL WAS USED AS: <table style="width:100%; border:none;"> <tr> <td>1 Domestic</td> <td>5 Public Water Supply</td> <td>9 Dewatering</td> </tr> <tr> <td>2 Irrigation</td> <td>6 Oil Field Water Supply</td> <td><input checked="" type="checkbox"/> Monitoring Well MW-9</td> </tr> <tr> <td>3 Feedlot</td> <td>7 Domestic (Lawn & Garden)</td> <td>11 Injection Well</td> </tr> <tr> <td>4 Industrial</td> <td>8 Air Conditioning</td> <td>12 Other</td> </tr> </table>	1 Domestic	5 Public Water Supply	9 Dewatering	2 Irrigation	6 Oil Field Water Supply	<input checked="" type="checkbox"/> Monitoring Well MW-9	3 Feedlot	7 Domestic (Lawn & Garden)	11 Injection Well	4 Industrial	8 Air Conditioning	12 Other
1 Domestic	5 Public Water Supply	9 Dewatering													
2 Irrigation	6 Oil Field Water Supply	<input checked="" type="checkbox"/> Monitoring Well MW-9													
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:	<table style="width:100%; border:none;"> <tr> <td>1 Steel</td> <td>3 RMP (SR)</td> <td>5 Wrought</td> <td>7 Fiberglass</td> <td>9 Other (Specify below)</td> </tr> <tr> <td><input checked="" type="checkbox"/> PVC</td> <td>4 ABS</td> <td>6 Asbestos-Cement</td> <td>8 Concrete Tile</td> <td>.....</td> </tr> </table>	1 Steel	3 RMP (SR)	5 Wrought	7 Fiberglass	9 Other (Specify below)	<input checked="" type="checkbox"/> PVC	4 ABS	6 Asbestos-Cement	8 Concrete Tile
1 Steel	3 RMP (SR)	5 Wrought	7 Fiberglass	9 Other (Specify below)								
<input checked="" type="checkbox"/> PVC	4 ABS	6 Asbestos-Cement	8 Concrete Tile								

Blank casing diameter**4**..... in. Was casing pulled? Yes No If yes, how much

Casing height above or below land surface**36**..... in.

6	GROUT PLUG MATERIAL:	<table style="width:100%; border:none;"> <tr> <td>1 Neat cement</td> <td>2 Cement grout</td> <td><input checked="" type="checkbox"/> Bentonite</td> <td>4 Other</td> </tr> </table>	1 Neat cement	2 Cement grout	<input checked="" type="checkbox"/> Bentonite	4 Other
1 Neat cement	2 Cement grout	<input checked="" type="checkbox"/> Bentonite	4 Other			

Grout Plug Intervals: From **.3**..... ft. to **260.5**..... ft., Fromft. toft., 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	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? How many feet?

FROM	TO	PLUGGING MATERIALS
0	0.5	concrete
0.5	3	native soil
3	260.5	bentonite grout

7	<p>CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 9/3/14..... and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 735..... This Water Well Record was completed on (mo/day/year) 10/30/14..... under the business name of MILCO Environmental Services, Inc. by (signature) <i>[Signature]</i></p>
---	--

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.