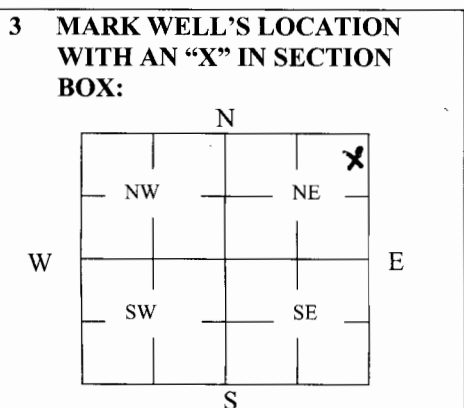


1 LOCATION OF WATER WELL: County: SHAWNEE Fraction: NE 1/4 NW 1/4 NW 1/4 Section Number: 29 Township Number: T12S Range Number: R17E E/W

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

6221 SR 45TH TRUMSBIT

2 WATER WELL OWNER: BRANTON CUPLEY Global Positioning Systems (decimal degrees, min. of 4 digits)
 RR#, St. Address, Box #: 6221 SR 45TH ST Latitude: _____
 City, State ZIP Code: TRUMSBIT KS 66542 Longitude: _____
 Elevation: _____
 Datum: _____
 Data Collection Method: _____



4 DEPTH OF WELL 18 ft.
 WELL'S STATIC WATER LEVEL 8 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 _____
 Was a chemical/bacteriological sample submitted to Department? Yes _____ No _____

5 TYPE OF BLANK CASING USED:
 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 72 in. Was casing pulled? Yes _____ No If yes, how much _____
 Casing height above or below land surface 24 in.

6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____
 Grout Plug Intervals: From 4.5 ft. to 5 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 8 Sewage lagoon 13 Insecticide storage _____
 4 Lateral lines 9 Feedyard 14 Abandoned water well Direction from well? WEST
 5 Cess pool 10 Livestock pens 15 Oil well/Gas well How many feet? 50'

FROM	TO	PLUGGING MATERIALS	FROM	TO	PLUGGING MATERIALS
0'	4.5'	COMPACT TOP SOIL			
4.5'	5.0'	BENTONITE			
5.0'	10.0'	COMPACT CLAY			
10.0'	18.0'	SAND			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 7/25/06 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) BBN

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>.