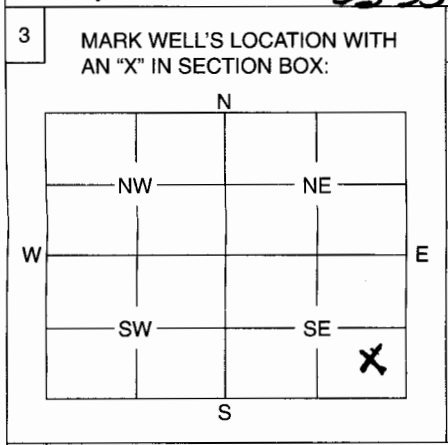


1 LOCATION OF WATER WELL: Fraction TRACT IN Section Number _____ Township Number _____ Range Number _____
 County: LYON SEC 1/4 1/4 1/4 20 16 13 (E/W) DRL

Distance and direction from nearest town or city street address of well if located within city?
3333 Rd W7 Reading KS 66868

2 WATER WELL OWNER: Alberta Ann Beust
 RR #, St. Address, Box #: _____ City, State, ZIP Code: 3333 Rd W7 Reading KS Board of Agriculture, Division of Water Resources Application Number: _____



4 DEPTH OF WELL 21 ft.
 WELL'S STATIC WATER LEVEL 1 ft.
 WELL WAS USED AS:
 1 Domestic 5 Public Water Supply 9 Dewatering
 2 Irrigation 6 Oil Field Water Supply 10 Monitoring Well
 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 X
 If yes, mo/day/yr sample was submitted _____
 Water Well Disinfected: Yes X No _____

5 TYPE OF BLANK CASING USED:
 1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (Specify below) Rock
 2 PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile
 Blank casing diameter 48 in. Was casing pulled? Yes X No _____ If yes, how much 5 ft.
 Casing height above or below land surface 5 ft below

6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____
 Grout Plug Intervals: From 5 ft. to 4 1/2 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 _____
 5 Cess pool 10 Livestock pens 15 Oil well/Gas well _____
 Direction from well? SW How many feet? 100

| FROM | TO | PLUGGING MATERIALS |
|------------|------------|---------------------|
| <u>21</u> | <u>20</u> | <u>Rock, gravel</u> |
| <u>20</u> | <u>15</u> | <u>Subsoil</u> |
| <u>5</u> | <u>4.5</u> | <u>Bentonite</u> |
| <u>4.5</u> | <u>0</u> | <u>Topsoil</u> |
| | | |
| | | |

7 CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 7/24/2009 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) 9/13/2009 under the business name of _____ by (signature) Alberta Ann Beust Landowner

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.