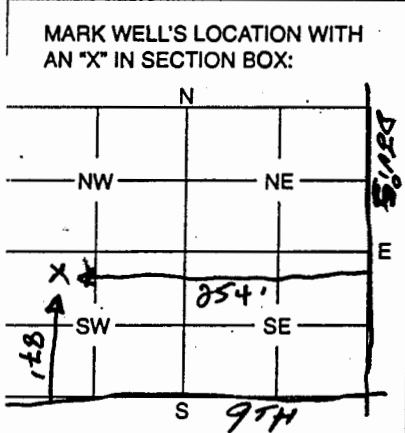


LOCATION OF WATER WELL: County: <u>Montgomery</u>	Fraction <u>NW NE NE</u> 1/4 1/4 1/4	Section Number	Township Number	Range Number
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Distance and direction from nearest town or city street address of well if located within city?
Cottleville Resources & Marketing LLC.

WATER WELL OWNER: Cottleville, KS.
 RR #, St. Address, Box #: 708 E 9TH
 City, State, ZIP Code :
 Board of Agriculture, Division of Water Resources
 Application Number:



4 DEPTH OF WELL 15' ft.
 WELL'S STATIC WATER LEVEL 12' ft.
 WELL WAS USED AS:
 Domestic
 Irrigation
 Feedlot
 Industrial
 Public Water Supply
 Oil Field Water Supply
 Domestic (Lawn & Garden)
 Air Conditioning
 Dewatering
 Monitoring Well
 Injection Well
 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

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

GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other FLOWABLE FILL
 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) CISTERN
 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? NORTH How many feet? 2'

FROM	TO	PLUGGING MATERIALS
15'	12'	Chlorinated Rock
3'6"	3'	Flowable Fill
12'	3'6"	Native Soil
3'	0	Native Soil

CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 12-7-07 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) [Signature]

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 Ste. 420, Topeka, Kansas 66612-1367. Telephone: 785/296-5522. Send one to Water Well Owner and retain one for your records.