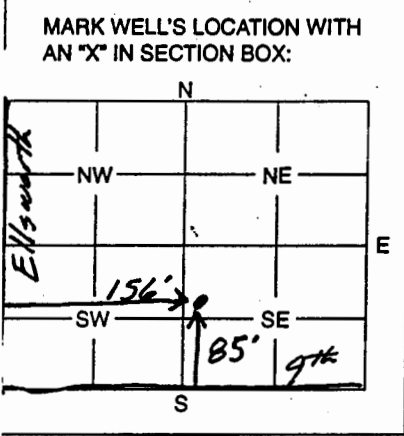


LOCATION OF WATER WELL:	Fraction <b>NW NE NE</b> ¼ ¼ ¼	Section	Number	Township	Number	Range	Number
County: <b>Montgomery</b>							EW

Distance and direction from nearest town or city street address of well if located within city?  
**Cottleville Resources Refining + Marketing LLC**  
**Cottleville, Ks**

WATER WELL OWNER: \_\_\_\_\_  
 RR #, St. Address, Box #: \_\_\_\_\_  
 City, State, ZIP Code: **706 E 9th**  
 Board of Agriculture, Division of Water Resources  
 Application Number: \_\_\_\_\_



4 DEPTH OF WELL ..... **15'** ..... ft.  
 WELL'S STATIC WATER LEVEL ..... **14'** ..... ft.  
 WELL WAS USED AS:  
 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 .....

TYPE OF BLANK CASING USED:

1 Steel	3 RMP (SR)	5 Wrought	7 Fiberglass	<input checked="" type="radio"/> Other (Specify below) <b>Brick</b>
2 PVC	4 ABS	6 Asbestos-Cement	8 Concrete Tile	

Blank casing diameter ..... **4'** ..... 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       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
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

16 Other (specify below) **Cistern 706 E 9th**

Direction from well? **North** .....      How many feet? **9'** .....

FROM	TO	PLUGGING MATERIALS
15'	14'	Chlorinated Gravel
14'	3'6"	Native Soil / Clay
3'6"	3'	Flowable Fill
3'	Grade	Native Soil / Clay

CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) **12/20/07** ..... 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) **Jack Senter** .....

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