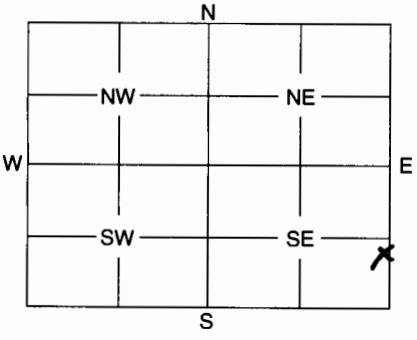


1 LOCATION OF WATER WELL: Fraction Section Number Township Number Range Number
 County: Russell SE 1/4 SE 1/4 SE 1/4 29 Fairview 11 11 EW

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

2 WATER WELL OWNER: City of Lucas
 RR #, St. Address, Box #: PO Box 308 Board of Agriculture, Division of Water Resources
 City, State, ZIP Code: Lucas Ks 67648-0308 Registration Number:

3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:


4 DEPTH OF WELL 60' ft.
 WELL'S STATIC WATER LEVEL 42 ft.
 WELL WAS USED AS:
 1 Domestic 2 Irrigation 3 Feedlot 4 Industrial 5 Public Water Supply 6 Oil Field Water Supply 7 Domestic (Lawn & Garden) 8 Air Conditioning 9 Dewatering 10 Monitoring Well 11 Injection Well 12 Other Test

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 2 PVC 3 RMP (SR) 4 ABS 5 Wrought 6 Asbestos-Cement 7 Fiberglass 8 Concrete Tile 9 Other (Specify below)

Blank casing diameter 2 in. Was casing pulled? Yes No X If yes, how much

Casing height above or below land surface Below 48" in.

6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other chlorinated sand
 Grout Plug Intervals: From 60 ft. to 8 ft., From 8 ft. to 4 ft., From 4 to 0 ft.

What is the nearest source of possible contamination:
 1 Septic tank 2 Sewer lines 3 Watertight sewer lines 4 Lateral lines 5 Cess pool 6 Seepage pit 7 Pit privy 8 Sewage lagoon 9 Feedyard 10 Livestock pens 11 Fuel storage 12 Fertilizer storage 13 Insecticide storage 14 Abandoned water well 15 Oil well/Gas well 16 Other (specify below) None

Direction from well? How many feet?

| FROM | TO | PLUGGING MATERIALS |
|----------------|---------------|-----------------------------|
| 60' | 8' | chlorinated sand |
| 8' | 4' | Neat cement |
| 4' | 0' | Dirt |
| 60' | 8' | chlorinated sand |
| 8' | 4' | Neat cement |
| 4' | 0' | Dirt |

7 CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 4/23/04 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. None City of Lucas. This Water Well Record was completed on (mo/day/year) 4/23/04 under the business name of City of Lucas by (signature) Richard A. [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 St., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 785/296-5522. Send one to Water Well Owner and retain one for your records.