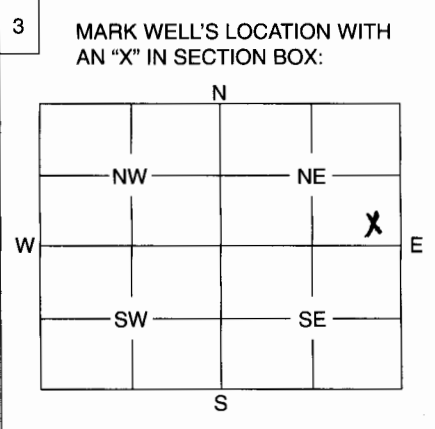


1 LOCATION OF WATER WELL: Fraction Section Number Township Number Range Number
 County: Republic SE 1/4 NE 1/4 1/4 11 4 3 E/W

Distance and direction from nearest town or city street address of well if located within city?
6 1/2 miles S of Belleville on 180 Rd; W side of Rd

2 WATER WELL OWNER: Justin Trost
300 Talmo Lane
 RR #, St. Address, Box #: Belleville, KS 66935
 City, State, ZIP Code : Belleville, KS 66935
 Board of Agriculture, Division of Water Resources
 Application Number: _____



4 DEPTH OF WELL 53 ft.
 WELL'S STATIC WATER LEVEL 19 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 Livestock
 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)
 2 PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile Limestone
 Blank casing diameter 36 in. Was casing pulled? Yes ✓ No If yes, how much 4 1/2 - 5'
 Casing height above or below land surface 60 in.

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

FROM	TO	PLUGGING MATERIALS
0	4 1/2	Topsoil
4 1/2	5	Bentonite Plug
5	19	Subsoil
19	53	Gravel

7 CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 12/21/06 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) 3/10/06 under the business name of _____ by (signature) Justin Trost

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.