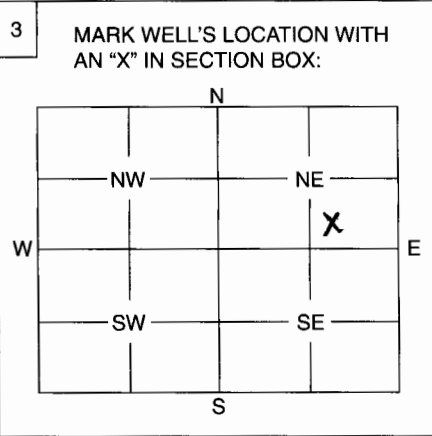


1 LOCATION OF WATER WELL: Fraction Section Number Township Number Range Number  
 County: Republic SE 1/4 NE 1/4 1/4 11 4 3 EW

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 Ad; W side of road in pasture.

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



4 DEPTH OF WELL ..... 12 ..... ft.  
 WELL'S STATIC WATER LEVEL ..... 8 ..... 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   
 If yes, mo/day/yr sample was submitted .....  
 Water Well Disinfected: Yes  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) 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 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) .....  
 Direction from well? Surrounding How many feet? .....

FROM	TO	PLUGGING MATERIALS
0	4 1/2	Topsoil
4 1/2	5	Bentonite Plug
5	8	Subsoil
8	12	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) 11/10/06 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.