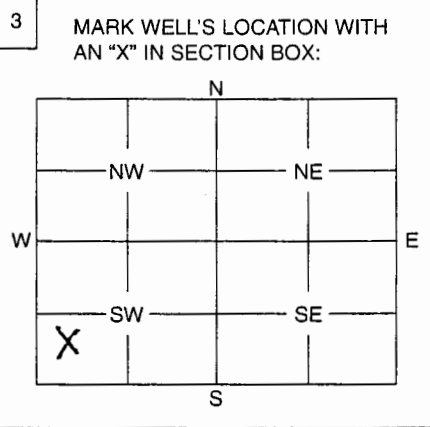


1 LOCATION OF WATER WELL: Fraction Section Number Township Number Range Number
 County: Republic SW 1/4 1/4 1/4 27 4 3 E/W

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

2 WATER WELL OWNER: Phyllis Sherwood
 RR #, St. Address, Box #: 2436 F St
 City, State, ZIP Code: Belleville, KS 666935
 Board of Agriculture, Division of Water Resources Application Number:



4 DEPTH OF WELL 62 ft.
 WELL'S STATIC WATER LEVEL 0 ft.
 WELL WAS USED AS:
 1 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
 If yes, mo/day/yr sample was submitted

Water Well Disinfected: Yes No (as precaution, no/minimal moisture in bottom)

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

Blank casing diameter ... 6 in. Was casing pulled? Yes No If yes, how much 4'
 Casing height above or below land surface 48 in.

6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Perforated Other

Grout Plug Intervals: From ft. to ft., From ft. to ft.

What is the nearest source of possible contamination:
 1 Septic tank 6 Seepage pit 16 Other (specify below)
 2 Sewer lines 7 Pit privy

3 Watertight sewer lines 8 Sewage lagoon

4 Lateral lines 9 Feedyard

5 Cess pool 10 Livestock pens

Direction from well? Surrounding How many feet?

FROM	TO	PLUGGING MATERIALS
<u>0</u>	<u>4</u>	<u>Topsoil</u>
<u>4</u>	<u>7</u>	<u>Bentonite</u>
<u>7</u>	<u>62</u>	<u>Gravel/Soil</u>

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was installed under my jurisdiction and was completed on (mo/day/year) 12/21/06 and this certificate to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 1116106 under the business name of Water Well Record was completed on (mo/day/year) by (signature) Just L. [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.