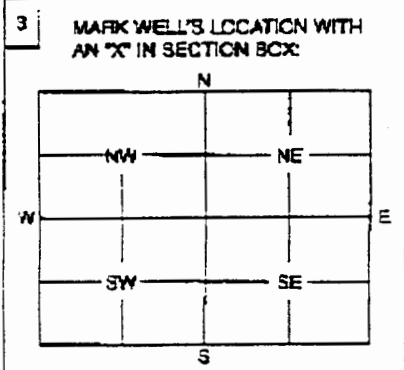


1	LOCATION OF WATER WELL: 15749 NW 70th County: Shawnee	Fraction: NE 1/4 NE 1/4 SE 1/4	Section Number: 20	Township Number: 10 S	Range Number: 13 EW
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Distance and direction from nearest town or city street address of well if located within city?

2	WATER WELL OWNER: Dr. Myron Leinwetter RR #, St. Address, Box #: 15935 NW 70th City, State, ZIP Code: Rossville, KS 66533	Board of Agriculture, Division of Water Resources Application Number:
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4 DEPTH OF WELL: 45 ft
WELL'S STATIC WATER LEVEL: 6 ft

WELL WAS USED AS:

1 Domestic	5 Public Water Supply	9 Cawatering
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: Septic Tank

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

Blank casing diameter: 4.8 in. Was casing pulled? Yes No If yes, how much: _____
Casing height above or below land surface: 24 in.

6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other

Grout Plug Interval: From 6 ft to 5.5 ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.

What is the nearest source of possible contamination:

1 Septic tank	8 Seepage pit	11 Fuel storage	16 Other (specify below)
2 Sewer lines	7 Pit privy	12 Fertilizer storage	
3 Wateright 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? North How many feet? 30 ft

FROM	TO	PLUGGING MATERIALS
4.5	6	Sand
6	5.5	Bentonite
5.5	0	Soil

7 CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 5-13-09 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) _____

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.