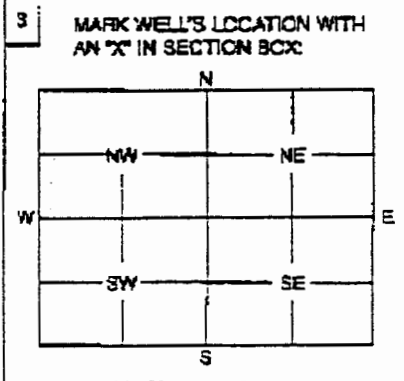


1 LOCATION OF WATER WELL: 15749 NW 70th
 County: Shawnee Fraction: NE 1/4 NE 1/4 SE 1/4 Section Number: 20 Township Number: 10 S Range Number: 13 EW
 Distance and direction from nearest town or city street address of well if located within city?

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:



4 DEPTH OF WELL: 45 ft.
 WELL'S STATIC WATER LEVEL: 6 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: 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) Rock lined
 2 PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile
 Blank casing diameter: 4.8 in. Was casing pulled? Yes No If yes, how much _____
 Casing height above or below land surface: 2.4 in.

6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____
 Grout Plug Intervals: From 6 ft. to 5.5 ft. From _____ ft. to _____ ft. From _____ to _____ ft.
 What is the nearest source of possible contamination:
 1 Septic tank 5 Sewage pit 11 Fuel storage 16 Other (specify below) _____
 2 Sewer lines 7 Pit privy 12 Fertilizer storage
 3 Waterright 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
<u>45</u>	<u>6</u>	<u>Sand</u>
<u>6</u>	<u>5.5</u>	<u>Bentonite</u>
<u>5.5</u>	<u>0</u>	<u>SOIL</u>

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.