

MW 14

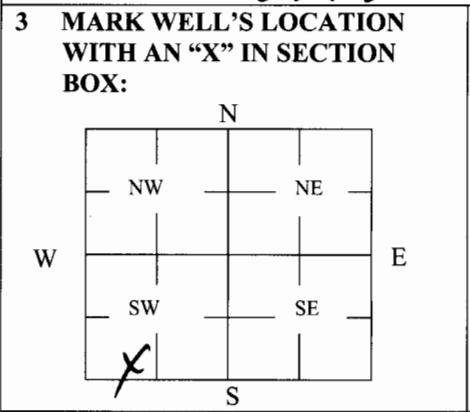
WATER WELL PLUGGING RECORD Form WWC-5P KSA 82a-1212 ID NO. []

1 LOCATION OF WATER WELL: County: Washington Fraction SW 1/4 SW 1/4 SW 1/4 Section Number 1 Township Number 3 Range Number 3 EW

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

Aways 15 & 36

2 WATER WELL OWNER: Leisler Oil Global Positioning Systems (decimal degrees, min. of 4 digits)
RR#, St. Address, Box #: 635 W. Crawford Latitude: 39.81441
City, State ZIP Code: Clay Center, KS Longitude: -97.04744
67432-2337 Elevation: 1317.35
Datum: _____ Data Collection Method: Survey



4 DEPTH OF WELL 33.20 ft.
WELL'S STATIC WATER LEVEL 1289.69 ft.
WELL WAS USED AS:
1 Domestic 5 Public Water Supply 9 Dewatering
2 Irrigation 6 Oil Field Water Supply 10 Monitoring
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 X

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 2 in. Was casing pulled? Yes _____ No X If yes, how much _____
Casing height above or below land surface 4 in.

6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____
Grout Plug Intervals: From 33.2 ft. to 0 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 Direction from well? N
5 Cess pool 10 Livestock pens 15 Oil well/Gas well How many feet? 80

FROM	TO	PLUGGING MATERIALS	FROM	TO	PLUGGING MATERIALS
<u>33.2</u>	<u>0</u>	<u>BENTONITE CHIPS</u>			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) _____ 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) 4/19/10 under the business name of Tank Management Services by (signature) [Signature]

INSTRUCTIONS: Use typewriter or ballpoint 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. Visit us at <http://www.kdheks.gov/geo/waterwells>.