

vmw

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

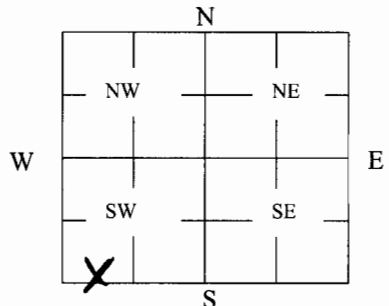
Distance and direction from nearest town or city street address of well if located within city?

Hwys 15 + 36

2 WATER WELL OWNER: Leisler Oil
RR#, St. Address, Box #: 635 W. Crawford
City, State ZIP Code: Clay Center, KS.
67432-2337

Global Positioning Systems (decimal degrees, min. of 4 digits)
Latitude: 39.81441
Longitude: -97.04744
Elevation: 1318.09
Datum: _____
Data Collection Method: Survey

3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:



4 DEPTH OF WELL 30 ft.
WELL'S STATIC WATER LEVEL 1291.29 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
- 11 Injection Well
- 12 Other _____

Was a chemical/bacteriological sample submitted to Department? Yes _____ No X

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) _____

Blank casing diameter 4" 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 30 ft. to 0 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? NW
How many feet? 80

FROM	TO	PLUGGING MATERIALS	FROM	TO	PLUGGING MATERIALS
<u>30.0</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.