				WATER WELL PLUGGING R	ECORD Form WWC-5F	P KSA 82a-1212 I	D NO. <u>M</u> W	6	
1	LOCAT	ION OF WAT	ER WELL:	Fraction	Section Number	Township Number	er Range	Number	
Cou	ntv. (	1 lay		NEW NW 1/4 KW1/4	8	8	3	EW	
			nearest town or o	city street address of well if loc					
813 6th Street									
2									
WATER WELL OWNER: Leiseker Oil Company  RR #, St. Address, Box #: 635 W Crawford  City, State, ZIP Code : Clay Contor KS 67432  Board of Agriculture, Division of Water Resources  Application Number:									
3	,			4 DEPTH OF WELL					
		IN SECTION		WELL'S STATIC WATER LEVEL 35.01. ft.					
	x	N		WELL WAS USED AS:					
	NW	,——	— NE ——	1 Domestic	5 Public Water Suppl	ly 9 Dewa	atering		
				2 Irrigation 3 Feedlot	6 Oil Field Water Sup 7 Domestic (Lawn &		toring Well tion Well		
w			E	4 Industrial	8 Air Conditioning		r		
				Was a chemical / bacteriolo	nical cample submitted to [	Denartment? Ves	No •		
	SW	/	— SE ———	If yes, mo/day/yr sample wa			140		
				Water Well Disinfected: Ye	es No				
5 TYPE OF BLANK CASING USED:									
1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (Specify below)  PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile									
Blank casing diameter									
6	GROU'	T PLUG MAT	ERIAL: 1 N	eat cement 2 Cement gro	ut 3 Bentonite 4	Other			
	Grout Plug Intervals: From								
What is the nearest source of possible					11 Fuel staroge	16 Vithor	specify below)		
<ul><li>1 Septic tank</li><li>2 Sewer lines</li></ul>				6 Seepage pit 7 Pit privy	<ul><li>11 Fuel storage</li><li>12 Fertilizer storage</li></ul>		<b>7</b>		
3 Watertight sewer lines			er lines	8 Sewage lagoon 13 Insecticide storage 9 Feedvard 14 Abandoned water well					
4 Lateral lines 5 Cess pool				<ul><li>9 Feedyard</li><li>10 Livestock pens</li></ul>	15 Oil well/Gas well	i weii			
Direction from well? How many feet?									
				UGGING MATERIALS					
	0 38.57 pressure an		outed with 20-30%	,					
	Salid han		haile and and and	<b>40</b>					
			361/6 154113	conite growt and casi	7				
			Cut 35+ 0	elow sustace					
7 CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on									
(mo/day/year)									
9/24/05 under the business name of Corante Onlas Plains									
by (signature)									

INSTRUCTIONS: Use typewriter or ball point pen. <u>Please press firmly</u> and <u>print</u> 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.