		WATER WELL PLUGGING F	RECORD Form WWC-5P	KSA 82a-1212 ID N	0. mw8	
1	LOCATION OF WATER WELL	Fraction	Section Number	Township Number	Range Number	
Co.	unty: Clay	NEY DWY NWY	8	8	3	
		own or city street address of well if loo	cated within city?			
	813					
2 WATER WELL OWNER: Leiseler Oil Company						
	RR #, St. Address, Box #: C City, State, ZIP Code : 1	ay Center, KS 6743	Board of Agriculture Application Number	e, Division of Water Resourd r:	es	
MARK WELL'S LOCATION WITH 4 DEPTH OF WELL						
	AN "X" IN SECTION BOX: N WELL'S STATIC WATER LEVEL \$ 5.					
	x	WELL WAS USED AS	WELL WAS USED AS:			
-	NW NE	1 Domestic	5 Public Water Supply			
		2 Irrigation 3 Feedlot	6 Oil Field Water Supp7 Domestic (Lawn & G	arden) 11 Injection	Well	
W E 4 Industrial 8 Air Conditioning 12 Other						
SW SE Was a chemical / bacteriological sample submitted to Department? Yes					No	
Water Well Disinfected: Yes No						
	Š	TValor (Voli Biolinioscod.				
5	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		Yes No		ch	
	GROUT PLUG MATERIAL:	1 Neat cement 2 Cement gro		Other		
6	Grout Plug Intervals: From					
What is the nearest source of possible contamination:						
1 Septic tank2 Sewer lines		6 Seepage pit 7 Pit privy	11 Fuel storage 12 Fertilizer storage	16 Other (spe	(16)Other (specify below)	
3 Watertight sewer lines4 Lateral lines		8 Sewage lagoon	13 Insecticide storage	13 Insecticide storage		
5 Cess pool		9 Feedyard 10 Livestock pens	14 Abandoned water v15 Oil well/Gas well	weii		
Direction from well?						
FROM TO		PLUGGING MATERIALS	LUGGING MATERIALS			
O 37.59 pm		id Dentoxite growt and rosing 1 3ft below surface				
	Silid	Dentoxite grout and Pas	sing			
	cut	3ft below surface			•	
_						
7	CONTRACTOR'S OF LAND (mo/day/year)	OWNER'S CERTIFICATION: Thi	and this record is true	e to the best of my knowle ter Well Record was comp	nd was completed on dge and belief. Kansas leted on (mo/day/year)	

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.