

MWS

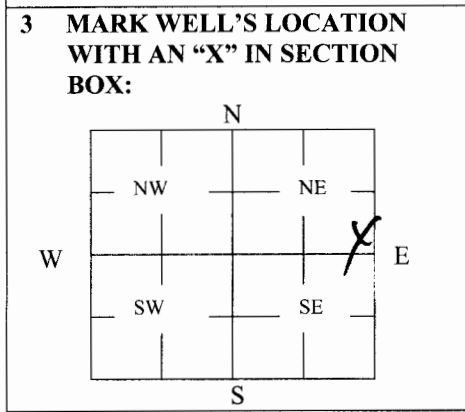
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WATER WELL PLUGGING RECORD Form WWC-5P KSA 82a-1212 ID NO.

1 LOCATION OF WATER WELL: County: Leavenworth Fraction: SE 1/4 SE 1/4 NE 1/4 Section Number: 13 Township Number: 95 Range Number: 22 E/W

Distance and direction from nearest town or city street address of well if located within city? 1205 North Main Lansing, KS

2 WATER WELL OWNER: Leavenworth CO. Global Positioning Systems (decimal degrees, min. of 4 digits) Latitude: 39.26781 Longitude: -94.90073 Elevation: 827.37 Datum: Data Collection Method: Survey



3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: 4 DEPTH OF WELL 15 ft. WELL'S STATIC WATER LEVEL 1.95 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 2 in. Was casing pulled? Yes X No. If yes, how much 3'. Casing height above or below land surface 36 in.

6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other. Grout Plug Intervals: From 15 ft. to 1 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) USTS. Direction from well? EAST. How many feet? ___

Table with columns: FROM, TO, PLUGGING MATERIALS. Row 1: FROM 15, TO 1, PLUGGING MATERIALS Bentonite chips.

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 6/19/09 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) 10/23/09 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.