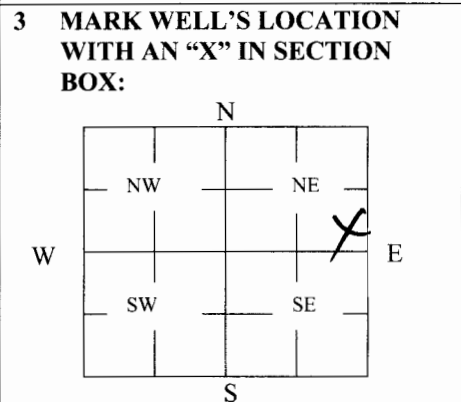


1 LOCATION OF WATER WELL: Fraction NE 1/4 SE 1/4 NE 1/4 Section Number 13 Township Number 9S Range Number 22 E/W
 County: Leavenworth

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 COOP Global Positioning Systems (decimal degrees, min. of 4 digits)
 RR#, St. Address, Box #: 1205 N. main Latitude: 39.26871
 City, State ZIP Code: Lansing KS Longitude: -94.90189
 Elevation: 826.38
 Datum: _____
 Data Collection Method: Survey



4 DEPTH OF WELL 13 ft.
 WELL'S STATIC WATER LEVEL 2.49 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 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 13 ft. to 1 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) USTS
 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? East
 5 Cess pool 10 Livestock pens 15 Oil well/Gas well How many feet? _____

FROM	TO	PLUGGING MATERIALS	FROM	TO	PLUGGING MATERIALS
<u>13</u>	<u>1</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) 10/16/09 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>.