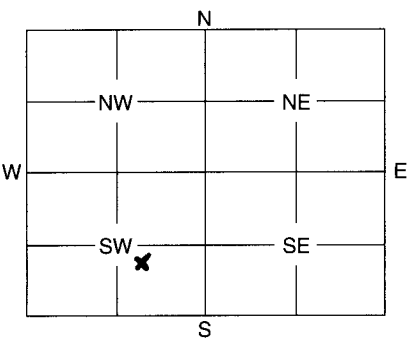


1	LOCATION OF WATER WELL:	Fraction NW 1/4 SE 1/4 SW 1/4	Section Number 4	Township Number 33	Range Number 20	E/W
County: COMANCHE						

Distance and direction from nearest town or city street address of well if located within city?
From Protection KS 1 West 1/4 N into

2	WATER WELL OWNER: KENT SANDERS	RR #, St. Address, Box #: 124 NELSON Circle	Board of Agriculture, Division of Water Resources
		City, State, ZIP Code : Glendale, KS 66001 25	Application Number:

3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4	DEPTH OF WELL 25 ft.	WELL'S STATIC WATER LEVEL 1.2 ft.													
		WELL WAS USED AS:															
		<table style="width:100%; border:none;"> <tr> <td style="width:33%;"><u>1 Domestic</u></td> <td style="width:33%;">5 Public Water Supply</td> <td style="width:33%;">9 Dewatering</td> </tr> <tr> <td>2 Irrigation</td> <td>6 Oil Field Water Supply</td> <td>10 Monitoring Well</td> </tr> <tr> <td>3 Feedlot</td> <td>7 Domestic (Lawn & Garden)</td> <td>11 Injection Well</td> </tr> <tr> <td>4 Industrial</td> <td>8 Air Conditioning</td> <td>12 Other</td> </tr> </table>				<u>1 Domestic</u>	5 Public Water Supply	9 Dewatering	2 Irrigation	6 Oil Field Water Supply	10 Monitoring Well	3 Feedlot	7 Domestic (Lawn & Garden)	11 Injection Well	4 Industrial	8 Air Conditioning	12 Other
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		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 <input checked="" type="checkbox"/>																	
If yes, mo/day/yr sample was submitted																	
Water Well Disinfected: Yes <input checked="" type="checkbox"/> No																	

5	TYPE OF BLANK CASING USED:														
<table style="width:100%; border:none;"> <tr> <td style="width:15%;"><u>1 Steel</u></td> <td style="width:15%;">3 RMP (SR)</td> <td style="width:15%;">5 Wrought</td> <td style="width:15%;">7 Fiberglass</td> <td style="width:15%;">9 Other (Specify below)</td> </tr> <tr> <td>2 PVC</td> <td>4 ABS</td> <td>6 Asbestos-Cement</td> <td>8 Concrete Tile</td> <td></td> </tr> </table>						<u>1 Steel</u>	3 RMP (SR)	5 Wrought	7 Fiberglass	9 Other (Specify below)	2 PVC	4 ABS	6 Asbestos-Cement	8 Concrete Tile	
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2 PVC	4 ABS	6 Asbestos-Cement	8 Concrete Tile												
Blank casing diameter 5 1/2 in. Was casing pulled? Yes No <input checked="" type="checkbox"/> If yes, how much															
Casing height above or below land surface 60 in.															

6	GROUT PLUG MATERIAL:	1 Neat cement	2 Cement grout	3 <u>Bentonite</u>	4 Other																				
Grout Plug Intervals: From 0 ft. to 15 ft., From ft. to ft., From to ft.																									
What is the nearest source of possible contamination:																									
<table style="width:100%; border:none;"> <tr> <td style="width:33%;">1 Septic tank</td> <td style="width:33%;">6 Seepage pit</td> <td style="width:33%;">11 Fuel storage</td> <td style="width:33%;">16 Other (specify below)</td> </tr> <tr> <td>2 Sewer lines</td> <td>7 Pit privy</td> <td>12 Fertilizer storage</td> <td>NONE</td> </tr> <tr> <td>3 Watertight sewer lines</td> <td>8 Sewage lagoon</td> <td>13 Insecticide storage</td> <td></td> </tr> <tr> <td>4 Lateral lines</td> <td>9 Feedyard</td> <td>14 Abandoned water well</td> <td></td> </tr> <tr> <td>5 Cess pool</td> <td>10 Livestock pens</td> <td>15 Oil well/Gas well</td> <td></td> </tr> </table>						1 Septic tank	6 Seepage pit	11 Fuel storage	16 Other (specify below)	2 Sewer lines	7 Pit privy	12 Fertilizer storage	NONE	3 Watertight sewer lines	8 Sewage lagoon	13 Insecticide storage		4 Lateral lines	9 Feedyard	14 Abandoned water well		5 Cess pool	10 Livestock pens	15 Oil well/Gas well	
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Direction from well? How many feet?																									

FROM	TO	PLUGGING MATERIALS
0	5	Top soil
5	15	Hoje plug
15	25	SAND (clay)

7	CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 6-15-07 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 411 This Water Well Record was completed on (mo/day/year) under the business name of LEHS WATER WELL by (signature) Ron Lehs				
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INSTRUCTIONS: Use typewriter or ball point 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.