WA7	TER WELL PLUGGING RECORD	Form WWC-5P K	SA 82a-1212	ID NO.	MW3
1 LO	CATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
Co	ounty: Leavenworth	SE ¼ SE ¼ SE ¼ SE	1/4 27	T 11 S	22 X E W
ı	/Rural Address of Well Location: if unknowion from nearest town or intersection: If at here	owner's address.	Alevation: NA (in decimal degrees) Alevation: NA (in decimal degrees) Alevation: NA		
1562	1 158th St, Bonner Springs, KS	1	Horizontal Datum Collection Method:	WGS84, NA	AD83.
2		Maha, LLC 5833 N Oak one. MO 64118	GPS unit (Mak Digital Map/Pho Est. Accuracy:	to, Topographic Map	5-15 m, S15 m
5	WITH AN "X" IN SECTION BOX: WELL'S STATIC WATER LEVEL NA ft WELL WAS USED AS: Domestic Public Water Supply Oil Field Water Supply Irrigation Domestic (Lawn & Garden) Injetion Well Other SW SE Industrial Air Conditioning Other Was a chemical/bacteriological sample submitted to Department? Yes No X				
Blank casing diameter 2 in. Was casing pulled? Yes X No If yes, how much 3ft Casing heigh above or below land surface NA in.					
GROUT PLUG MATERIAL: Neat cement Cement grout X Bentonite X Other Asphalt: 0-0.5ft Grout Plug Intervals: From 0.5 ft to 20.10 ft, From ft to ft, What is the nearest source of possible contamination: Septic tank Seepage pit Fuel storage Other (specify below) Sewer lines Pit privy Fertilizer storage Watertight sewer lines Sewage lagoon Insecticide storage Lateral lines Feed yard Abandoned water well Direction from well? Cess pool Livestock pens Oil well/Gas well How many feet?					
		NG MATERIALS	FROM T	O PLUGGIN	IG MATERIALS
	0 0.5 Asphalt 0.5 20.10 Bentonite		NDITE ID: 1 stee	Stop: IIA 052 14902	
KDHE ID: Lake Stop; U4-052-14803					
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 6/21/2018 and this record is true to the best of my knowledge and belief. Kansas Water Contractor's License No. 757. This Water Well Record was completed on (mo/day/year) 6/25/2018 under the business name of Larsen & Associates. Inc. By (signature)					
Send one white copy to Kansas Department of Health & Environment. Geology Section. 169(53) Jakkson Street. St. 420. Topeka. KS 66612-1367. Send one copy to WATER WELL OWNER and retain one for your vecords Visit us at http://www.kdheks.gov/waterwell/index.html Telephone 785-296-5524.					
KSA82a-1212 Revised 1/20/2015					

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