County: Wyandotte Distance and direction from nearest town or city street address of well if located within city?	WATER WELL PLUGGING RECORD	Form WWC-5P	KSA 82	2a-1212	ID	NO.		
Distance and direction from nearest town or city street address of well if located within city? 206-1212 Barnett Ave., Kansas City, KS WATER WELL OWNER: Community Housing at Vyandotte County RR#, St. Address, Box #: 2 S 14 th St. City, State, ZIP Code: Kansas City, KS 66102-5041 MARK WELL'S LOCATON WITH AN "X" IN SECTION BOX: NA WELL WAS USED AS: Domestic S Public Water Supply S Archael County S Archael Count	LOCATION OF WATER WELL:	Fraction			nber		Range Number	
WATER WELL OWNER: Community Housing at Payandotte County RR#, St. Address, Box #: 2 S 14th St. Latinude: NA Latinude:	County: Wyandotte	NE ¼ SE ¼	NW 1/4		oin oit		25E	
WATER WELL OWNER: Community Housing at yandotte County RR#, St. Address, Box #: 2 S 14th St. City, State, ZIP Code: Kansas City, KS 66102-5041 MARK WELL'S LOCATON MARK WELL'S LOCATON MORTH AN "X" IN SECTION BOX: Domestic 5 Public Water Supply 10 Dewatering 11 Injection Well 12 Other 12 Other 12 Other 12 Other 13 Feedlot 12 Other 12 Other 13 Feedlot 12 Other 14 Industrial 15 Ash Concrete Tile 15 Public Water Supply 10 Dewatering 15 Public Water Supply 10 Dewatering 11 Injection Well 12 Other 12 Other 12 Other 13 Feedlot 14 Industrial 15 Public Water Supply 10 Dewatering 10 Dematric 15 Public Water Supply 10 Dewatering 11 Injection Well 12 Other 12 Other 12 Other 12 Other 12 Other 13 Feedlot 14 Industrial 15 Public Water Supply 16 Other (Specify below) 12 Other 15 Public Water Supply 16 Other (Specify below) 16 Public Was a chemical/bacteriological sample submitted to Department? Yes No X TYPE OF BLANK CASING USED: Steed 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (specify below) 2 Public Water Supply 16 Public Was a chemical/bacteriological sample submitted to Department? Yes No X TYPE OF BLANK CASING USED: Steed 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (specify below) 2 Public Was a chemical/bacteriological sample submitted to Department? Yes No X TYPE OF BLANK CASING USED: Steed 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (specify below) 2 Public Was a chemical/bacteriological sample submitted to Department? Yes No X TYPE OF BLANK CASING USED: Steed 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (specify below) 2 Public Was a chemical/bacteriological sample submitted to Department? Yes No X TYPE OF BLANK CASING USED: Steed 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (specify below) 2 Public Was a chemical/bacteriological sample submitted to Department? Yes No X No X TYPE OF BLANK CASING USED: Steed 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (specify below) 2 Public Was a chemic	Distance and direction from nearest town	or city street address	oi well i	I located with	mn on	y :		
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Datum: NA Data Collection Method: NA	RR#, St. Address, Box #: 2 S 14th S	št.						
MARK WELL'S LOCATON WITH AN "X" IN SECTION BOX: WELL'S STATIC WATER LEVEL							****	
MARK WELL'S LOCATON WITH AN "X" IN SECTION BOX: WELL WAS USED AS:	City, State, ZIP Code: Kansas City, KS 66102-5041							
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Blank casing diameter 2 in. Was casing pulled? Yes X No If yes, how much 3 feet Casing height above or below land surface NA in. GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other Soil: 0-3 Grout Plug Intervals: From 3 ft. to 45.40 ft., From ft. to ft., From ft. to ft. What is the nearest source of possible contamination: 1 Septic tank 6 Seepage pit 11 Fuel storage 16 Other (specify below) 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? 5 Cess pool 10 Livestock pens 15 Oil well/Gas well How many feet? FROM TO PLUGGING MATERIALS FROM TO PLUGGING MATERIALS O 3 Soil 3 Soil 3 45.40 Bentonite CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my purse diction and was pumpleted on (mo/day/year) 1/18/12 and this record is true to the best of my km/wledge and bertef. Kansas Water		-1-4 7 T2	h amalana		0 Oth	er (specify helow)		
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Well Contractor's License No. 757 . This Water Well Record was completed on moday/year 2/7/12 under the	1	This Water	Well Rec	ord was com	pleted	on moday/year		
usiness name of Larsen and Associates, Inc. by (signature)					1	1		
NSTRUCTIONS: Please fill in blanks or circle the correct answers. Send top three copies to Kansas Department of Health and			were Se	nd ton three	conies	to Karsas Department	of Health and	
nvironment, Bureau of Water, Geology Section, 1000 SW Jackson St., Ste. 420, Topeka, Kansas 6661 367. Telephone:	TO INCLITIONS: Flease IIII III DIANKS OF	the correct alls	C+ C	to 420 Top	olen V	ancae 666 1367 Tel	enhone:	
25/296-5522. Send one to Water Well Owner and retain one for your records. Visit us at http://www.kdheks.gov/waterwell.	ivironment Bijresii of Water Geology Se	ection, 1000 SW Jack	SOII OLL O	ie. 420. 100	cka. N	alisas uuusta 107. Tel	сриодс.	