A PROPERTY NAME	ELL PLUGGING R	ECORD Form WWC-5P	KSA 82a-1212	ID NO.		
LOCATI	ON OF WATER W	ELL: Fraction	SE ¼ Section Number 26	17S	Range Number 16W	
Distance a	nd direction from ne	earest town or city street address	ess of well if located with	III Oity:		
419 N 4th	N 4th St, Otis, KS 67565					
	R WELL OWNER: KDHE Global Positioning System (decimal degrees, min. of 4 digits) Latitude: NA					
RR#, \$	St. Address, Box #:	1000 SW Jackson St., Suite	Elevation: 14A			
City	y, State, ZIP Code:	Topeka, Kansas 66612	Data Collection Method: 14A			
MARK V	VELL'S LOCATO	•	VELL 28.1	ft. MW13		
WITH A BOX:	n "X" IN SECTIO	N WELL'S STAT	TIC WATER LEVEL	NA ft.		
	N	WELL WAS U	ISED AS:			
W	NW NE -	1 Domestic 2 Irrigation 3 Feedlot 4 Industrial	5 Public Water Supple 6 Oil Field Water Supple 7 Domestic (Lawn & Air Conditioning	upply (10) Monitorin & Garden) 11 Injection	ng	
	x x	Was a chemi	cal/bacteriological sample	e submitted to Departmen	t? YesNo X	
Casing he	ight above or below	in. Was casing pulled? Y land surface NA L: 1 Neat cement 2 Cen	in.			
Grout Plu	g Intervals: From	3 ft. to 28.1 ft.	, From ft. to	ft., From	ft. to ft.	
What is th 1 Septic t 2 Sewer 1	ank 6	oossible contamination: Seepage pit 11 Fue Pit privy 12 Fer	el storage 16 Oth	ner (specify below)		
3 Waterti4 Lateral5 Cess po	ght sewer lines 8 lines 9	Sewage lagoon 13 Inserved 14 Ab	ecticide storage andoned water well Di	rection from well? ow many feet?		
FROM	TO PL	UGGING MATERIALS	FROM TO	PLUGGING N	MATERIALS	
0	3	Soil				
3	28.1	Bentonite				
			·§			
CONTR	ACTOR'S OR LAI	NDOWNER'S CERTIFICA 2/26/14 and th 757 . This W	ATION: This water well his record is true to the bestater Well Record was con	was plugged under my just of my knowledge and language and language and language and language are more as well as the second and the second a	urisdiction and was belief. Kansas Water 2/28/14 under	
meiness na	me of Lar	sen and Associates, inc.	Uy (signature)	3		
NSTRUC	TIONS: Please fill	in blanks or circle the correct, Geology Section, 1000 SW ater Well Owner and retain or	t answers. Send top three	e copies to Kansas Depart	ment of Health and . Telephone:	