WATER WELL PLUGGING RECORD Form WWC-5P KSA 82a-1212 ID NO.

1 LOCATION OF WATER WELL: County: NORTON	Fraction: NW¼ NW¼ NE¼	Section Number: 27	Township Number: 5	Range Number: 25 E/W

Distance and direction from nearest town or city street address of well if located within city?
28052 ELIZABETH ST

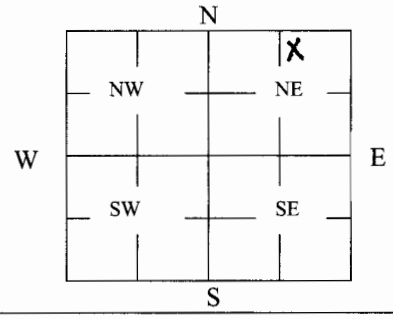
2 WATER WELL OWNER: ALFRED OTTER

RR#, St. Address, Box #: 28052 ELIZABETH ST

City, State ZIP Code: NEW ALMELO, KS 67645

Global Positioning Systems (decimal degrees, min. of 4 digits
Latitude: _____
Longitude: _____
Elevation: _____
Datum: _____
Data Collection Method:

3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:



4 DEPTH OF WELL 110 ft.

WELL'S STATIC WATER LEVEL 56 ft

WELL WAS USED AS:

(1) Domestic 2 Irrigation 3 Feedlot 4 Industrial 5 Public Water Supply 6 Oil Field Water Supply 7 Domestic (Lawn & Garden) 8 Air Conditioning 9 Dewatering 10 Monitoring 11 Injection Well 12 Other _____

Was a chemical/bacteriological sample submitted to Department? Yes _____ No X

5 TYPE OF BLANK CASING USED:

(1) Steel 2 PVC 3 RMP (SR) 4 ABS 5 Wrought 6 Asbestos-Cement 7 Fiberglass 8 Concrete Tile 9 Other (Specify below) _____

Blank casing diameter 5 in. Was casing pulled? Yes _____ No X If yes, how much _____

Casing height above or (below) land surface 42 in.

6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout (3) Bentonite 4 Other _____

Grout Plug Intervals: From 3 ft. to 6 ft., From _____ ft. to _____ ft., From _____ to _____ ft.

What is the nearest source of possible contamination:

(1) Septic tank (2) Sewer lines 3 Watertight sewer lines 4 Lateral lines 5 Cess pool 6 Seepage pit 7 Pit privy 8 Sewage lagoon 9 Feedyard 10 Livestock pens 11 Fuel Storage 12 Fertilizer storage 13 Insecticide storage 14 Abandoned water well 15 Oil well/Gas well 16 Other (specify below) _____

Direction from well? NORTH

How many feet? 30

FROM	TO	PLUGGING MATERIALS	FROM	TO	PLUGGING MATERIALS
0	3'	TOP SOIL			
3'	6'	BENTONITE			
6'	54'	CLEAN SUBSOIL			
54'	110'	SAND & CLOROX			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 7-3-09 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) _____ under the business name of _____ by (signature) Alfred N. Otter

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.