5 VX /			Vell No. 14	PECODD	Form WW	/C_5P	WC A 93	20 1212 ID NO		
	OCATION (OF WATE	R WELL:	Fraction		Section	KSA 82 Number	Township Number	Range Number	
	County:	Rile	<u> </u>	1/4 SW 1/ if unknown, di	4 NW 1/4 NE 1		27	T 10 S	7 ⊠E □W	
				tion: If at owne		Global Positioning Systems (GPS) information: Latitude: 39.157327 (in decimal degrees)				
	check here						Longitude: -96.63377 (in decimal degrees) Elevation: unknown			
Ар	Approximately 3 miles southwest of Manhattan.						Datum: WGS84, NAD83, NAD27			
	RR# St Address Box #. 4421 West Harry						Collection Method: ☐ GPS unit (Make/Model: WAAS			
2							☐ Digital Map/Photo, ☐ Topographic Map, ☐ Land Survey			
	City, State 2	Wichit	a, KS 6727	77		acy:		5-15 m,		
3										
	WITH AN' BOX:						TER LEVEL 17.20 ft			
		N		WELL WAS USED AS:						
		, _×			☐ Domestic ☐ Public Water Supply ☐ Dewatering					
	NV	V NE- 	•	☐ Irrigation ☐ Feedlot		☐ Oil Field Water Supply ☐ Monitoring ☐ Domestic (Lawn & Garden) ☐ Injection Well ☐ Other				
	W	, , ,	E							
	sw	SWSE								
		S		Was a c	hemical/bacter	iological sai	mple submi	itted to Department? Y	Tes No 🔀	
5										
	☐ Steel ☐ RMP (SR) ☐ Wrought ☐ Fiberglass ☐ Other (Specify below)									
	☑ PVC ☐ ABS ☐ Asbestos-Cement ☐ Concrete Tile									
	Blank casing diameter 8 in. Was casing pulled? Yes No If yes, how much 40'									
	Casing height above or below land surfacein.									
6	6 GROUT PLUG MATERIAL: Neat cement Cement grout Bentonite Other									
	Grout Plug Intervals: From ft. to ft., From 0 ft. to ft., From 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 ☐ None Known									
	☐ Watertight sewer lines ☐ Sewage lagoon ☐ Insecticide storage									
	☐ Lateral lines ☐ Feedyard ☐ Abandoned water well ☐ Direction from well?									
	FROM 0	TO 16.5	PLUC Bentonite	GING MATI	ERIALS	FROM	TO	PLUGGING	MATERIALS	
	16.5	40		· · · · · · · · · · · · · · · · · · ·	pack caved in					
				_						
								,,,,,		
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was										
completed on (mo/day/year) 9/6/11 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 185 . This Water Well Record was completed on (mo/day/year) 9/23/11 under the										
business name of Clarke Well & Equipment, Inc. by (signature) business name of Clarke Well & Equipment, Inc.										
INS	STRUCTION	IS: Use tv	pewriter or b	allpoint pen	Please press fir	mly and pri	nt clearly.	Please fill in blanks, u	nderline or circle the	
cori	rect answers.	Send top t	hree copies to	o Kansas Dep	artment of Hea	lth and Env	ironment, E	Bureau of Water, Geol	ogy Section, 1000 SW	
Jackson St., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 785/296-5524. Send one to Water Well Owner and retain one for your records. Visit us at http://www.kdheks.gov/waterwell/l~ndex.html .										

White Copy Blue Copy Pink Copy

Check one: