24 XX 7			W-2-15 ICCINC I	RECORD Fo	rm WW	C_5P	KSA 82:	a-1212 ID NO.		
	OCATION (Fraction	71 111 44 44 (Number	Township Number	Range Number	
-	County:	Cha		1/4 NW 1/4 NW			20	T 19 S	8 ⊠ E □W	
direction from nearest town or intersection: If at owner's address, check here Approximately 0.50 miles north and 1 mile west of Cottonwood Falls.							Comparison Com			
2 WATER WELL OWNER: PWWSD #26 RR#, St. Address, Box #: 420 E. 4th St. City, State ZIP Code: Strong City, KS 66869						Collection Method: ✓ GPS unit (Make/Model: WAAS ☐ Digital Map/Photo, Topographic Map, Land Survey Est. Accuracy: < 3 m,				
3	MARK W. WITH AN BOX:	"X" IN SI N	ECTION	WELL'S ST.	WELL'S STATIC WATER LEVEL 11.20 ft WELL WAS USED AS:					
	N	WNE- WSE	E	☐ Irrigation☐ Feedlot☐ Industria	□ Domestic □ Public Water Supply □ Dewatering □ Irrigation □ Oil Field Water Supply □ Monitoring □ Feedlot □ Domestic (Lawn & Garden) □ Injection Well □ Industrial □ Air Conditioning ☑ Other					
5 TYPE OF BLANK CASING USED:										
Steel RMP (SR) Wrought Fiberglass Other (Specify below) PVC ABS Asbestos-Cement Concrete Tile Blank casing diameter 5 in. Was casing pulled? Yes No If yes, how much Casing height above or below land surface. 48 in.										
6	6 GROUT PLUG MATERIAL: Neat cement Cement grout Bentonite Other									
	What is the nearest source of possible contamination: Septic tank Seepage pit Fuel Storage Sewer lines Pit privy Fertilizer storage Matertight sewer lines Sewage lagoon Insecticide storage Lateral lines Feedyard Abandoned water well Direction from well? Cess pool Cil well/Gas well How many feet?									
	FROM	TO		GING MATERIA	LS	FROM	TO	PLUGGING	MATERIALS	
	0	4	Topsoil	Ohina			-		··········	
	<u>4</u> 25	25 50	Bentonite Chlorinate	*						
	25	50	Chiornate	รน อสกน						
								4.00		
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 08/03/16 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) 08/08/16 under the business name of Clarke Well & Equipment, Inc. by (signature)										
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: 785/296-5524. Send one to Water Well Owner and retain one for your records. Visit us at http://www.kdheks.gov/waterwell/l~ndex.html .										