24	41 135	606	OB-3-15							
			<u>UGGING I</u>	T	Form WW		KSA 82			
1 L	OCATION County:		ER WELL: ase	Fraction 1/4 NW 1/	4 NW 1/4 SW1/	4	Number 20	Township Number T 19 S	Range Number 8 ⊠E □W	
Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here						Global Positioning Systems (GPS) information:  Latitude: 38.38392 (in decimal degrees)  Longitude: -96.557173 (in decimal degrees)  Elevation: Unknown				
App	Approximately 0.50 miles north and 1 mile west of Cottonwood Falls.						WG:		☐ NAD27	
R	2WATER WELL OWNER: PWWSD #26 RR#, St. Address, Box #: 420 E. 4th St. City, State ZIP Code: Strong City, KS 66869						☐ GPS unit (Make/Model: WAAS ☐ Digital Map/Photo, ☐ Topographic Map, ☐ Land Survey  Est. Accuracy: ☐ <3 m, ☐ 3-5 m, ☐ 5-15 m, ☐ > 15 m			
3		VELL'S LO N ''X'' IN S N		WELL'		50 ft.  TER LEVEL 11.22 ft				
	W	NWNI SWSE	E	□ Domestic □ Public Water Supply □ Dewatering □ Irrigation □ Oil Field Water Supply □ Monitoring □ Feedlot □ Domestic (Lawn & Garden) □ Injection Well □ Industrial □ Air Conditioning □ Other Observation Well □ Was a chemical/bacteriological sample submitted to Department? Yes □ No □						
5 TYPE OF BLANK CASING USED:										
Steel RMP (SR) Wrought Fiberglass Other (Specify below)  PVC ABS Asbestos-Cement Concrete Tile  Blank casing diameter 2 in. Was casing pulled? Yes No If yes, how much  Casing height above or below land surface. 48 in.										
6 GROUT PLUG MATERIAL: Neat cement Cement grout Bentonite Other										
6 GROUT PLUG MATERIAL: Neat cement Cement grout Bentonite Cother  Grout Plug Intervals: From 4 ft. to 50 ft., From ft. to ft., From to ft.										
What is the nearest source of possible contamination:  Septic tank Sewer lines Pit privy Fertilizer storage Watertight sewer lines Sewage lagoon Lateral lines Feedyard Other (specify below) None Known Direction from well? How many feet?										
	FROM	TO		GING MATI	ERIALS	FROM	ТО	PLUGGING	MATERIALS	
	0 4	50	Topsoil Bentonite	Chips			···			
		<del> </del>	+							
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)										
Jack	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 <a href="http://www.kdheks.gov/waterwell/l~ndex.html">http://www.kdheks.gov/waterwell/l~ndex.html</a> .									