29			TH-5-18							
					Form WV		KSA 82			
1 LC	OCATION County:		ER WELL: nner	Fraction SE 1/4 SE 1	/4 NE 1/4 NW	1/4	Number 30	Township Number T 30 S	1 ⊠E □W	
direction from nearest town or intersection: If at owner's address, check here							Clobal Positioning Systems (GPS) information: Latitude: 37.417596 (in decimal degrees) Longitude: -97.358945 (in decimal degrees) Elevation: Unknown			
Approximately 2 miles north and 5 miles west of Belle Plaine. Datum: WGS84, NAD83, NAD27 Collection Method:									NAD27	
2 WATER WELL OWNER: VNA Corporation RR#, St. Address, Box #: 625 Kenmoor Ave. SE, Suite 301 City, State ZIP Code: Grand Rapids, MI 49546						☐ 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	3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: N 4 DEPTH OF WELL									
WELL WAS USED AS: NW ×NE							oply Mon	itoring		
	W Feedlot Industrial Was a chemical/bacter					□ Domestic (Lawn & Garden) □ Injection Well □ Air Conditioning □ Other Observation iological sample submitted to Department? Yes □ No □				
S 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 Grout Plug Intervals: From 0 ft. to 27 ft., From ft. to ft., From to ft.										
	What is the nearest source of possible contamination: Septic tank Seepage pit Fuel Storage Sewer lines Pit privy Fertilizer storage Watertight sewer lines Sewage lagoon Insecticide storage									
	Lateral lines									
	FROM 0	TO 27	PLU- Bentonite	GGING MATE e Chips	RIALS	FROM	TO	PLUGGING	MATERIALS	
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 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) 12/18/18 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.										