208 13201			~ WW/WW	C ED	***C + 04	1818 10 110	15209	
WATER WELL I		Fraction F	orm ww		KSA 82 Number	a-1212 ID NO. Township Number		
County:	Rush	1/4SW 1/4 N		ı ·	14	T 18 S	20 □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: 38.484897 (in decimal degrees) Longitude: -99.49689 (in decimal degrees) Elevation: Unknown				
Approximately 1 mile north and 3 miles west of Nekoma.				Datum: WGS84, NAD83, NAD27 Collection Method:				
2 WATER WELL OWNER: Winston Georg RR#, St. Address, Box #: 1101 Madison St. City, State ZIP Code: LaCrosse, KS 67548				☐ 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 MARK WELL'S								
BOX:	WITH AN "X" IN SECTION WELL'S STATIC WA				TER LEVELft			
N WELL WAS USED AS:								
w -	ESE	☐ Domest ☑ Irrigatio ☐ Feedlot ☐ Industri	on	☐ Public V ☐ Oil Field ☐ Domesti ☐ Air Cond	d Water Su ic (Lawn &	pply	nitoring	
	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 12 in. Was casing pulled? Yes No If yes, how much Casing height above or below land surface. 60 in.								
6 GROUT PLUG MATERIAL: Neat cement Cement grout Bentonite Other								
Grout Plug Intervals: From 5 ft. to 29 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 ☐ Feedyard ☐ Aband					doned water well Direction from well? North ell/Gas well How many feet? 12			
FROM T	~~~~	GING MATERI	ALS	FROM	ТО	PLUGGIN	IG MATERIALS	
0	5 Topsoil	Olaina		**************************************				
5 29	29 Bentonite46 Chlorinate		***************************************	***************************************				
25	40 Official	Ja Oana				and department of the transfer of the second		
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 02/18/15 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) 02/20/15 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 .								