257 14323 MW-13	
WATER WELL PLUGGING RECORD Form WW 1 LOCATION OF WATER WELL: Fraction	Section Number   Township Number   Range Number
County: McPherson NW 1/4 NE 1/4 SE 1/4 NE	1/4 29   T 19 S   3
Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address,	Global Positioning Systems (GPS) information:  Latitude: 38.372664 (in decimal degrees)
check here	Longitude: -97.668333 (in decimal degrees) Elevation: Unknown
North Maple and West Woodside in McPherson.	Datum: WGS84, NAD83, NAD27 Collection Method:
2 WATER WELL OWNER: Robert Hill RR#, St. Address, Box #: 3165 W. Keywest Ct.	☐ GPS unit (Make/Model: WAAS
City, State ZIP Code: Wichita, KS 67204	Digital Map/Photo, L Topographic Map, L Land Survey
Est. Accuracy: □ <3 m, □ 5-15 m, □ > 15 m	
3 MARK WELL'S LOCATION WITH AN "X" IN SECTION 4 DEPTH OF WELL_	
I N I	TER LEVEL 94 ft
WELL WAS USED A	
NWNEx Domestic Irrigation	☐ Public Water Supply ☐ Dewatering ☐ Oil Field Water Supply ☐ Monitoring
W E Feedlot Industrial	☐ Domestic (Lawn & Garden) ☐ Injection Well ☐ Air Conditioning ☐ Other
	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 diameter4 in. Was casing pulled? Yes No Z If yes, how much	
Casing height above or below land surface36 in.	
6 GROUT PLUG MATERIAL: Neat cement Cement grout Bentonite Other	
Grout Plug Intervals: From 0 ft. to 107 ft., From 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 TO PLUGGING MATERIALS  0 107 Bentonite Grout	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) 06/08/17 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) 06/12/17 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 <a href="http://www.kdheks.gov/waterwell/l~ndex.html">http://www.kdheks.gov/waterwell/l~ndex.html</a> .	