22			ld Well							Within the second secon	
					Form WW		KSA 82:	***************************************			
1 LC	OCATION (County:	OF WATEI Hodge		Fraction 1/4 SE 1/4	4 NW 1/4 NW1/	4	Number 2	Township Numb T 21 §	22 	er E 🛛 W	
di	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: 38.25914 (in decimal degrees) Longitude: -99.713393 (in decimal degrees) Elevation: Unknown				
Арр	Approximately 9 miles north of Hanston.						Datum: WGS84, NAD83, NAD27				
R	2 WATER WELL OWNER: Nancy Trauer RR#, St. Address, Box #: 38231 NE "Y" Road City, State ZIP Code: Hanston, KS 67849						Collection Method: □ GPS unit (Make/Model: WAAS □ Digital Map/Photo, □ Topographic Map, □ Land Survey Est. Accuracy: □ < 3 m,				
3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: N WELL'S STATIC WA WELL WAS USED A						TER LEVEL 45 ft				
						☐ Public Water Supply ☐ Dewatering ☐ Oil Field Water Supply ☐ Monitoring ☐ Domestic (Lawn & Garden) ☐ Injection Well ☐ Air Conditioning ☐ Other					
5	5 TYPE OF BLANK CASING USED:										
	✓ Steel □ RMP (SR) □ Wrought □ Fiberglass □ Other (Specify below) □ PVC □ ABS □ Asbestos-Cement □ Concrete Tile										
	Blank casing diameter 16 in. Was casing pulled? Yes No No If yes, how much										
6	GROUT P	LUG MAT	ERIAL:	Neat cem	ent \square Cem	ent grout	Bentor	nite Other_			
	Grout Plug Intervals: From 4 ft. to 45 ft., From ft. to ft., From ft., From ft.										
	What is the nearest source of possible contamination: Septic tank Seepage pit Fuel Storage Other (specify below) Sewer lines Pit privy Fertilizer storage Watertight sewer lines Sewage lagoon Insecticide storage Lateral lines Feedyard Abandoned water well Oirection from well? Cess pool Civestock pens Oil well/Gas well How many feet?										
	FROM	ТО		GGING MAT	ERIALS	FROM	ТО	PLUGGI	ING MATERIALS		
	0 4	45	Topsoil	- Chins							
	4 45 Bentonite Chips 45 57 Chlorinated Sand & Gravel										
			·								
									- INVALIDATE N		
						· · · · · · · · · · · · · · · · · · ·					
con	CONTRAC mpleted on (ill Contracto siness name	mo/day/yea r's License	ır)1 No. 1	1/18/15	and this rec his Water Well	cord is true Record was	to the best	of my knowledg on (mo/day/year) _	er my jurisdiction e and belief. Kansa 11/20/15 ι		
cor Jac	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 .										