204 13194 West OB-3-9 WATER WELL PLUGGING F	5 PECORD Form WW:	C-5P KSA 83	2a-1212 ID NO.	
1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: Stafford	1/4 NE 1/4 SW 1/4 NE 1/4		T 22 S	13 □E ▼W
Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here Approximately 10.50 miles north and 2 miles east of St. John. 2 WATER WELL OWNER: Betty Hullman RR#, St. Address, Box #: 1350 NE 10th Ave.		Global Positioning Systems (GPS) information: Latitude: 38.155024 (in decimal degrees) Longitude: -98.716358 (in decimal degrees) Elevation: Unknown Datum: WGS84, NAD83, NAD27 Collection Method: WAAS		
City, State ZIP Code: St. John,	☐ Digital Map/Photo, ☐ Topographic Map, ☐ Land Survey Est. Accuracy: ☐ < 3 m, ☐ 3-5 m, ☐ 5-15 m, ☐ > 15 m			
3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: N WELL'S STATIC WATER LEVEL 21.40 ft WELL WAS USED AS:				
WELL WAS USED AS. WELL WAS USED AS. Domestic Public Water Supply Dewatering Monitoring Irrigation Oil Field Water Supply Monitoring Injection Well Domestic (Lawn & Garden) Injection Well Other Observation 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. 36 in.				
6 GROUT PLUG MATERIAL: Neat cement Cement grout Bentonite Other Grout Plug Intervals: From 3 ft. to 95.20 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 ☐ Other (specify below) ☐ Irrigation Well				
☐ Watertight sewer lines ☐ S ☐ Lateral lines ☐ F ☐ Cess pool ☐ L	icide storage oned water well Direction from well? West			
	GGING MATERIALS	FROM TO	PLUGGING	MATERIALS
0 3 Topsoil				
3 95.20 Bentonite	: Chips			
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 01/27/15 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) 01/30/15 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 .				