| 304 WV A | | | Well No. 2 U GGING I | of CODD | Form WW | /C-5P | KSA 82 | a-1212 ID NO. | well2 | |
|--|--|------------|--------------------------------|-------------|---|-----------------|--|-----------------------|---|--|
| 1 LO | CATION | OF WATE | R WELL: | Fraction | | Section | Number 14 | Township Number | | |
| Street/Rural Address of Well Location: if unknown distance & Global Positioning Systems (GPS) information: | | | | | | | | | | |
| | | | | | | | | | (in decimal degrees) (in decimal degrees) | |
| Elevation: Unknown | | | | | | | | | | |
| Collection Method: | | | | | | | | | | |
| RR#, St. Address, Box #: P.O. Box 159 | | | | | | | ☐ GPS unit (Make/Model: WAAS ☐ Digital Map/Photo, ☐ Topographic Map, ☐ Land Survey | | | |
| City, State ZIP Code: Stafford, KS 67578 | | | | | | | icy: \Box < | |] 5-15 m, □ > 15 m | |
| 3 | 3 MARK WELL'S LOCATION 4 DEPTH OF WELL 333 ft. | | | | | | | | | |
| | | N "X" IN S | | | | ATER LEVEL 8 ft | | | | |
| | N WELL WAS USED AS: | | | | | | | | | |
| | | NW NE | 3 3 | _ | ☐ Domestic ☐ Public Water Supply ☐ Dewatering | | | | | |
| | w | | E | | igation | | | | | |
| | | | | | | | | | er | |
| | Was a chemical/bacteriological sample submitted to Department? Yes No | | | | | | | | Yes No 🔀 | |
| 5 TYPE OF BLANK CASING USED: | | | | | | | | | | |
| ☐ Steel ☐ RMP (SR) ☐ Wrought ☐ Fiberglass ☐ Other (Specify below) | | | | | | | | | | |
| | B PVC □ ABS □ Asbestos-Cement □ Concrete Tile | | | | | | | | | |
| | Blank casing diameter 5 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 3 ft. to 150 ft., From 150 ft. to 250 ft., From 250 to 333 ft. | | | | | | | | | | |
| | | | | | | | | | | |
| | What is the nearest source of possible contamination: Septic tank Seepage pit Fuel Storage Other (specify below) | | | | | | | | | |
| | ☐ Sewer lines ☐ Pit privy ☐ Fertilizer storage ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ | | | | | | | | | |
| | ☐ Lateral lines ☐ Feedyard ☐ Abandoned water well ☐ Direction from well? ☐ Southwest | | | | | | | | | |
| | | | | | | | | ow many feet? | | |
| | FROM 0 | TO 3 | Topsoil | GGING MATI | ERIALS | FROM | TO | PLUGGIN | G MATERIALS | |
| | 3 | 150 | Bentonite | Chips | | | | | | |
| | 150 | | | Sand Grout | | | | | | |
| | 250 | 333 | Bentonite | Chips / Sar | Id MIX | | | | | |
| | | | | | | | | | | |
| 7 CONTRACTORIS OR LANDOWNER OF PARTICIPATION TO THE STATE OF THE STATE | | | | | | | | | | |
| 7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 02/06/2020 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) 02/07/2020 under the business name of Clarke Well & Equipment, Inc. by (signature) | | | | | | | | | | |
| | | | | | | | <u> </u> | Dlagge fill in blanks | underline or sirals the | |
| 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/lender.html | | | | | | | | | | |