11 W A			ell No. 32 F GGING F	3 RECORD	Form WW	C-5P	KSA 82	a-1212 ID NO.	25827	
	OCATION		R WELL:	Fraction	4 NC 1/4 SW 1/4	Section	Number 20	Township Numbe	r Range Number 14	
Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, Latitude: 37.766014 (in decimal decimal decimal)									rmation:(in decimal degrees)(in decimal degrees)	
2	WATER WELL OWNER: C/o Roger Stotts RR#, St. Address, Box #: 22259 Hwy 183 City, State ZIP Code: Greensburg, KS 67054						Collection Method: □ GPS unit (Make/Model: WAAS) □ Digital Map/Photo, □ Topographic Map, □ Land Survey □ Est. Accuracy: □ < 3 m, □ 3-5 m, □ 5-15 m, □ > 15 m □ > 15 m			
3	MARK WI WITH AN BOX:			H OF WELL _ S STATIC WAT	98.20 ft. TER LEVEL 34.50 ft					
	N WSV	E	☐ Don ☑ Irrig ☐ Fee ☐ Indi	gation dlot ustrial	AS: Public Water Supply Oil Field Water Supply Domestic (Lawn & Garden) Air Conditioning Other Fiological sample submitted to Department? Yes No					
5	S TYPE OF BLANK CASING USED:									
	Steel RMP (SR) Wrought Fiberglass Other (Specify below) PVC ABS Concrete Tile Blank casing diameter 16 in. Was casing pulled? Yes No If yes, how much Casing height above or below land surface. 48 in.									
6	GROUT PLUG MATERIAL: Neat cement Cement grout Bentonite Other									
	Grout Plug Intervals: From ft. to ft., From 4 ft. to ft., From to ft.									
	What is the nearest source of possible contamination: Septic tank Seepage pit Fuel Storage Feetilizer storage Sewer lines Sewage lagoon Lateral lines Feedyard Seepage pit Foul Storage Feetilizer storage Insecticide storage Abandoned water well Oil well/Gas well How many feet?									
	FROM	TO		GGING MAT	ERIALS	FROM	ТО	PLUGGIN	NG MATERIALS	
	0	4	Topsoil	China						
	30	98.20	Bentonite Chlorinate	ed Sand & (Gravel					
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 01/12/12 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) 01/13/12 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 .										
Check one: White Copy Blue Copy Pink Copy										