31			B-3-12						(A)	2 17	
				RECORD	Form WW		KSA 82			<u> </u>	
1 LC	County:	OF WATEI Kingr		Fraction SE 1/4 NW 1	/4 SW 1/4 SE	1/4	Number 32	Township Num T 27 S	10	Number E W	
di				f unknown, distar on: If at owner's		Clobal Positioning Systems (GPS) information: Latitude: 37.647083 (in decimal degrees) Longitude: -98.436277 (in decimal degrees) Elevation: Unknown					
Located at 401 vv. Third St. in Cunningnam.							Datum: WGS84, NAD83, NAD27				
2 WATER WELL OWNER: City of Cunningham RR#, St. Address, Box #: P.O. Box 188 City, State ZIP Code: Cunningham, KS 67035						Collection Method: ✓ GPS unit (Make/Model: WAAS ☐ Digital Map/Photo, Topographic Map, Land Survey Est. Accuracy: < 3 m,					
3											
	BOX:	''X'' IN SI	ECTION	WELL'S	WELL'S STATIC WATER LEVEL 20 ft						
		N I I I	\neg	WELL	WELL WAS USED AS:						
	WNWNE WSWSE			☐ Dom ☐ Irrig ☐ Feed ☐ Indu	ation llot	□ Public Water Supply □ Dewatering □ Oil Field Water Supply ☑ Monitoring □ Domestic (Lawn & Garden) □ Injection Well □ Air Conditioning □ Other					
	<u> </u>			Was a cl	hemical/bacter	iological sai	mple submi	tted to Departmen	nt? Yes	No 🔀	
5	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 F	LUG MAT	ERIAL:	Neat ceme	ent \square_{Cem}	ent grout	Benton	ite Other_			
	Grout Plug	g Intervals:	From	2 ft. to	104 ft., F	rom	ft to	ft., Fr	rom to	ft.	
	What is the nearest source of possible contamination: Septic tank Seepage pit Fuel Storage Fertilizer storage Sewer lines Sewage lagoon Lateral lines Feedyard Seepage pit Abandoned water well Cess pool Watertight sewer lines Sewage lagoon										
	FROM	TO	PLU	GGING MATI	ERIALS	FROM	TO	PLUGG	ING MATERI	IALS	
	2	2	Compac								
		104	Bentonit	e Cnips					·····		
					·						
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) o5/14/20 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) 05/19/20 under the business name of Clarke Well & Equipment, Inc by (signature)											
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 .										