		WATER WELL PLUGGING RE	ECORD Form WWC-5P	KSA 82a-1212 ID N	10	
1	LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number	
Cou	inty: Jefferson	NE1/2 SE 1/2 NU/2	9	//	19 EW	
	ance and direction from nearest town	situate of address of well if loos	ited within city?	/	/====	
	4 mi NE of F	erry Ks N3	5°06 44.3'	W195 18	(30,)"	
2	WATER WELL OWNER: Joh	n Gibson				
	RR #, St. Address, Box #: 36	15 Pawnee	Board of Agriculture Application Numbe	e, Division of Water Resour	ces	
	City, State, ZIP Code : / C/	14 KS 600 1	DEPTH OF WELL 200 ft. X 5 borings			
3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:	WELL'S STATIC WATE		. J Jan. Ja		
Г	N .		H LEVEL			
		WELL WAS USED AS:				
	NW NE	1 Domestic 2 Irrigation	5 Public Water Supply6 Oil Field Water Sup	nly 10 Monitori	na Well	
w		3 Feedlot E 4 Industrial	7 Domestic (Lawn & C 8 Air Conditioning	Garden) 11 Injection 12 Other	Well Llosed Sec 100ps	
		Was a chemical / bacteriological sample submitted to Department? Yes				
<u> </u>	SW SE					
	-					
5 TYPE OF BLANK CASING USED:						
1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass (9 other (Specify below) 2 PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile						
	Blank casing diameter34i	n. Was çasing pulled?			uch	
	Casing height above or below land	d surface5	in.			
6	GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other					
	Grout Plug Intervals: From ft. to ft., From ft. to ft., From ft.,					
	1 Septic tank	6 Seepage pit	11 Fuel storage 16 Other (specify below)			
2 Sewer lines 3 Watertight sewer lines		7 Pit privy 8 Sewage lagoon	12 Fertilizer storage 13 Insecticide storage			
4 Lateral lines 5 Cess pool		9 Feedyard 10 Livestock pens	14 Abandoned water	14 Abandoned water well 15 Oil well/Gas well		
	Direction from well?	•	/ feet?			
Direction non-voir-						
	FROM TO	PLUGGING MATERIALS				
	0 200 Highs	solids bentonite x 5 bories	-			
		x 5 borins				
7		WNER'S CERTIFICATION: Thi				
	(mo/day/year)	the business name of JLS		Vater Well Record was cor	npleted on (mo/day/year)	
	by (signature) under	the business name of	3CYVARUMANA			
IN	JSTRUCTIONS: Use typewriter or	ball point pen. Please press fin	and print clearly. Ple	ease fill in blanks, underl	ine or circle the correct	
ar	nswers. Send top three copies to I	Kansas Department of Health a	and Environment, Bureau	a of Water, Geology Sect	tion, 1000 SW Jackson	
S	t., Ste. 420, Topeka, Kansas 6661	2-1367. Telephone: 785/296-5	DZZ. DENU UNE IO WAIER	VVEII OWITEL AND TELAIT O	no for your roodius.	