GSI JOB			ONO DEC	200	_	\ a #	o -		1/OA DO - 4048	ID No. 00079479	MW-6	
				G RECORD Form WWC				P		ID No. 00073473	Danie Nambar	
			Fraction						Section Number	Township Number	Range Number	
County:	Rer		NE_	1/4	NE_	1/4	NE	1/4	30	238	05W	
			earest town o son – SE o					ell if lo	cated within city?			
			g M Truck								· · · · · · · · · · · · · · · · · · ·	
RR#, St. Ad									Board	of Agriculture, Division	of Water Resources	
City, State,	ZIP Code	: St	. John, KS	67502						ation Number:		
3 MARK W "X" IN SE	ELL'S LOCA CTION BOX	TON WIT	TH AN 4 D	EPTH O	F WELL			13	.50 ft.			
	N		W	FLL'S S	TATIC	WATE	RIFV	/FI	7.76 ft			
WELL'S STATIC WATER LEVEL 7.76 ft.												
N	w	NE	\ \ \	ELL WA	S USE	D AS:						
	: 1	į			Domest				ic Water Supply	9 Dewateri	-	
w	<u> </u>	-i	E		rrigation				Field Water Supply	10 Monitorin		
		i	j		Feedlot ndustria				n and Garden (domest Conditioning	tic) 11 Injection 12 Other	vveii	
s	! sw	. SE							•	1	T	
Was a chemical/bacteriological sample submitted to Department? Yes No												
If yes, mo/day/yr sample was submitted												
	S		■ Water	Well Dis	infecte	d:	Yes	L	No			
5 TYPE OF	BLANK CA	SING US	ED:									
1 Steel		3 RMP (4 ABC		Wrough: Asbesto				erglass icrete		specify below)		
Blank casing diameter 2 in. Was casing pulled? Yes No If yes, how much 13.50 ft												
Casing height above or below land surface in.												
Casing he	eight above o	or below I	and surface			^{۱n} .						
6 GROUT	PLUG MAT	ERIAL:	1 Neat ceme	nt 2 (Cemen	t grout		3 Be	ntonite 4 Oth	ner		
Grout P	lug Intervals	From	13.50 ft. to	0	.5	ft. Fro	m		ft. to	ft. From	ft. to ft.	
What is	the nearest	source of	possible cont	aminatio	n:							
1 Septic tank			6 Seep	6 Seepage pit			11 Fuel storage			16 Other (specify	below)	
2 Sev	2 Sewer lines			7 Pit privy			12 Fertilizer storage					
3 Wa	8 Sewa	8 Sewage lagoon 13 Insecticide s					cticide storage					
4 Lat	9 Feed						ndoned water well					
5 Ces	ss Pool		10 Lives	tock pen	S		15	5 Oil w	ell/ Gas well			
Direction fro	om well?						How	many	feet?			
FROM	то		PLUGGING MATERIALS									
0	0.5		Native Backfill									
0.5	13.50		Bentonite	250 lb	s.							
		-	Overdrille	d to 11	3 50 f	oot						
			Veruinie	u to I	J.JU 10	661						
<u></u>		L	L									
7 CON	TRACTOR'	S OR LA	NDOWNER'S	CERT	FICAT	ION: T	This wa	ater w	ell was plugged unde	r my jurisdiction and was	completed	
on (i	mo/day/yr)		8	/10/06			a	nd this	s record is true to th	e best of my knowledge	e and belief. Kansas	
Water Well Contractor's License No. 531 / This Water Well Record was completed on (mo/day/yr)												
	8/1	1/06	unc	ier the l	ousine	ss naf	me of	\		technical Services		
by	(signature)			عيد	ا ــــــــــــــــــــــــــــــــــــ	1	K		<u></u>			
	-		se fill in blar	ks and	circle	the c	orrec	t ansv				
Envir	INSTRUCTIONS: Please fill in blanks and circle the correct answers. Send three copies to Kansas Department of Health and Environment, Bureau of Water, 1000 S W Jackson St., Ste. 420, Topeka, Kansas 66620-0001. Telephone: 785-296-3565.											
Send	one to Wa	ater We	l Owner and	d retain	one fo	or you	ır rec	ords.				