WATER WELL PLUGGING RECORD Form WWC-5P KSA 82a-1212

1 LOCATION OF WATER WELL: County: MEADE	Fraction SW 1/4 1/4 1/4	Section Number 23	Township Number 30	Range Number 29

Distance and direction from nearest town or city street address of well if located within city?

2 WATER WELL OWNER: Judy M Gamble

RR#, St. Address, Box #: 2107 Grange Dr.

City, State, ZIP Code : Urbana IL 61801

Board of Agriculture, Division of Water Resources Application Number: 6243

3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:

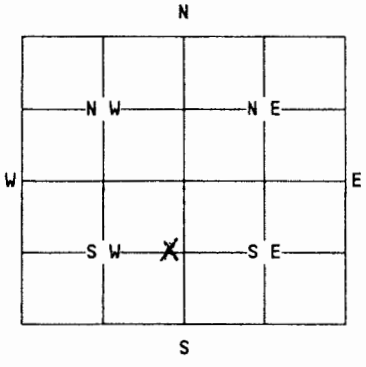
N

N W N E

W E

S W X S E

S



4 DEPTH OF WELL.....295.....ft.

WELL'S STATIC WATER LEVEL...180.....ft.

WELL WAS USED AS:

1 Domestic
2 Irrigation
3 Feedlot
4 Industrial
5 Public Water Supply
6 Oil Field Water Supply
7 Lawn and Garden Only
8 Air Conditioning
9 Dewatering
10 Monitoring Well
11 Injection Well
12 Other.....

Was a chemical/bacteriological sample submitted to Department? Yes...No...

If yes, mo/day/yr sample was submitted.....

Water Well Disinfected: Yes..... No.....

5 TYPE OF BLANK CASING USED:

1 Steel
2 PVC
3 RMP (SR)
4 ABS
5 Wrought
6 Asbestos-Cement
7 Fiberglass
8 Concrete Tile
9 Other (specify below) .....

Blank casing diameter...16.....in. Was casing pulled? Yes..... No..... If yes, how much.....

Casing height above or below land surface...84.....in.

6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other.....

Grout Plug Intervals: From...168...ft. to...170...ft., From...7...ft. to ...9...ft., From..... to.....ft.

What is the nearest source of possible contamination:

1 Septic tank
2 Sewer lines
3 Watertight sewer lines
4 Lateral lines
5 Cess Pool
6 Seepage pit
7 Pit privy
8 Sewage lagoon
9 Feedyard
10 Livestock pens
11 Fuel storage
12 Fertilizer storage
13 Insecticide storage
14 Abandoned water well
15 Oil well/Gas well
16 Other (specify below) .....

Direction from well? ...South..... How many feet? ..1320.....

FROM	TO	PLUGGING MATERIALS
295'	170'	Fill Sand
170'	168'	Concrete
168'	7	Fill Sand
Subsurface Plug		Concrete

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) March 30..... and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. ..... This Water Well Record was completed on (mo/day/year) ..... under the business name of .....

by (signature) ...J. J. Jenkinson.....

INSTRUCTIONS: Use typewriter or ball point 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, Topeka, Kansas 66620-0001. Telephone: 913/296-3565. Send one to Water Well Owner and retain one for your records.