**PLUGGING F	REPORT	WATER	R WELL RECOF	RD Form				
1 LOCATION OF WA	TER WELL:	Fraction				Number	Township Number	
County: Dickir	son	SW 1/4	SW 1/4	SW ½	4 18		T 13 S	R1 E
Distance and direction	from nearest town	or city street ac	ddress of well if	located within	n city?			
2 WATER WELL OW	NER: XXXXX	City of	f Solomo	n				
RR#, St. Address, Bo	x # :	P.O. Bo	ox 273,	Solomon	, Ks.	6748	•	
City, State, ZIP Code	:						Application Number	r: 29,883
LOCATE WELL'S L	OCATION WITH 4	DEPTH OF C	OMPLETED WE	LL 5.0	¹ fi	t. ELEVAT	ION:	
AN "X" IN SECTION	N BOX:	epth(s) Ground	water Encounter	ed \$.	ft. 2.		t. 3
- I								
							•	•
NW	NE							
! ! !								
* w 1								
-								
sw	SE		3 Feedlot					
	ī	2 Irrigation						
		las a chemical/t	pacteriological sa	ample submitt	ed to Depar	tment? Yes	s; If y	es, mo/day/yr sample was
1	m	itted				Wate	er Well Disinfected? Yes	∨ No
TYPE OF BLANK	CASING USED:		5 Wrought iron	1 8	Concrete t			
1 Steel	3 RMP (SR)							•
2 PVC	4 ABS							
		to	•					
			.in., weight			IDS./π.		
1 Steel	3 Stainless s	teel	5 Fiberglass		8 RMP (S	SR)	11 Other (spec	ify) . / . /
2 Brass	4 Galvanized	steel	6 Concrete tile	•	9 ABS		12 None used	(open hole)
SCREEN OR PERFO	RATION OPENINGS	3 ARE:	5	Gauzed wra	pped			11 None (open hole)
1 Continuous slo	t 3 Mill :	slot	6	Wire wrappe	ed		9 Drilled holes	. 11
2 Louvered shut	er 4 Key	It lown or city street address of well if located within city? XXX City of Solomon P.O. Box 273, Solomon, Ks. 67480 P.O. Box 274, Solomon, Ks. 67480 P.O. Box 27480 P.O. Box 274						
SCREEN-PERFORATI	ED INTERVALS:	From	<i>A) A</i>	. to	NH	ft From	, , , , , , , , , , , , , , , , , , ,	t. to
		•						
GRAVEL PA	CK INTERVALS:							
GIAVEE I A	OR INTERIVALO.							
COOLT MATERIAL	1 Nost see							
GROUT MATERIAL		hent 6	2 Cement grout	-				
			π., From					
	•						•	
 Septic tank 	4 Lateral	lines	7 Pit pri	vy		11 Fuel st		
2 Sewer lines	5 Cess po	loc	8 Sewa	ge lagoon		12 Fertilize	er storage 16	Other (specify below)
3 Watertight sew	er lines 6 Seepag	e pit	9 Feedy	ard		13 Insection	cide storage	
Direction from well?						How many		
FROM TO		LITHOLOGIC I	LOG	FF	MOF	ТО	PLUGGING	3 INTERVALS
	Local Wel	l Design	ation is	#8				
	Entire co	lumn was	filled	to cas:	ing. a	pproxi	mately 3 fee	t below
								<u> </u>
	<u> </u>	bing out	, Duoniti			P 501.	L •	
								,
		0========	O			(0)		
Z CONTRACTOR'S	OR LANDOWNER'S	CERTIFICATIO	ON: This water	well was (1)	constructed,	, (2) recon:	structed, or (3) plugged	under my jurisdiction and
• •	•							knowledge and belief. Ka
under the business na	me of City	of Solom	on Maint	enance	Dept.	by (signatu	re) William	moser
INSTRUCTIONS: Use t	pewriter or ball point pen	. PLEASE PRESS F	FIRMLY and PRINT of	learly. Please fill i	n blanks, under	rline or circle t	he correct answellachoote	nance K Supervi
of Health and Environm	ent, Bureau of Water, To	peka, Kansas 66620	0-7320. Telephone: 91	13-296-5545. Sen	d one to WATE	R WELL OW	NER and retain one for your rec	ords.