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

1 LOCATION OF WATER WELL:

	Fraction	Section Number	Township Number	Range Number
County: *Dickinson*	SW1/4 SW1/4 SW1/4	8	13	2

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

2 WATER WELL OWNER: *Robert Soelter*

RR#, St. Address, Box #: *2304 Flag Rd.*

City, State, ZIP Code : *Abilene Ks. 67410*

Board of Agriculture, Division of Water Resources
Application Number:

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

N

N W   N E

W   E

S W   S E

X

S

4 DEPTH OF WELL.........98.7.........ft.

WELL'S STATIC WATER LEVEL...35.8.....ft.

WELL WAS USED AS:

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

Was a chemical/bacteriological sample submitted to Department? Yes....No....
If yes, mo/day/yr sample was submitted.....................

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

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 diameter...8......in.   Was casing pulled? Yes...... No..X.... If yes, how much.............
Casing height above or below land surface....................in.

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

Grout Plug Intervals: From.6..ft. to.3..ft., From......ft. to ......ft., From...... to......ft.

What is the nearest source of possible contamination?

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

Direction from well? ...South.......   How many feet? .....100 ft.....

FROM	TO	PLUGGING MATERIALS
98.7	35.8	Washed gravel
35.8	6	Clay Subsoil
6	3	Bentonite
3	0	Topsoil

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year)..9/22/98.... and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. ......2......... This Water Well Record was completed on (mo/day/year)
..10/5/88...........under the business name of..................................
by (signature) ......Robert J. Miller...

INSTRUCTIONS: Use typewriter or ball point pen. <u>Please press firmly</u> and <u>print</u> 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.