WATER WELL PLUGGING RECORD

Form WWC-5P

KSA 82a-1212

1 LOCATIO	ON OF WATER	R WELL:	Fraction		Section Number	Township Number	Range Number
County: ATOMISON			1/4	1/4 1/4	8	5	18
Distance and direction from nearest town or city street address of well if located within city?							
2 HATEL HELL CHINED. And David							
WATER WELL OWNER: OARL DAHL  RR#, St. Address, Box #: 4930 N. FLOR A  Board of Agriculture, Division of Water Resources  City, State 718 Code : March C. C. T. March 18-59 Inclination Number:							
city, state, 21r code : AANSAS CITY, INC.							
3 MARK WELL'S LOCATION WITH 4 DEPTH OF WELL							
	N		WELL'	S STATIC WAT	ER LEVEL	ft.	
			WELL	WAS USED AS:			
N	¦w	N	1 1	Domestic Irrigation	5 Public Water Sup 6 Oil Field Water		•
W			3 E 4	Feedlot	7 Lawn and Garden 8 Air Conditioning	Only 11 Injection	
"				musti iut	o An conditioning	AND CLE	ARDD
S W————————————————————————————————————							
Water Well Disinfected: Yes. X No							
	S		water w	Jiaimet			
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. 24in. Was casing pulled? Yes No If yes, how much							
Casing height above or below land surface							
6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout Bentonite 4 Other							
Grout Plug Intervals: Fromft. toft., Fromft. toft., From toft.  What is the nearest source of possible contamination:							
1 Septic tank 6 Seepage pit 11 Fuel storage 16 Other (specify belo							
_	wer lines tertight se	ewer lines	7 Pit priv 8 Sewage	vy lagoon	12 Fertilizer stora 13 Insecticide stor	ige rage	
4 Lat	teral lines ss Pool		9 Feedyard	d	14 Abandoned water 15 Oil well/Gas wel	well	
Direction from well? How many feet?							
FROM	то	PLU	JGGING MATE	RIALS			
20'	58'	SAND					
581	5,	SUBSO	ils u D	nak.			
رسی	4.5'		VITE -				
4.5	0	TOPS					
- / / 0		1070					
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year)							

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.