

1	LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: RENO	SE $\frac{1}{4}$ NE $\frac{1}{4}$ SE $\frac{1}{4}$	10	22 SOUTH	7	XX/W

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

FROM NICKERSON, KS (INTERSECTION K-96 & 82ND ST.): .5 MILE E & .25 MILE N

2	WATER WELL OWNER: MARY CORENE HAWKS	
RR #, St. Address, Box #:	P.O. BOX 125	Board of Agriculture, Division of Water Resources
City, State, ZIP Code :	NICKERSON, KS 67561	Application Number: NA

3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4	DEPTH OF WELL 26 ft.												
		WELL'S STATIC WATER LEVEL 8.5 ft.													
		WELL WAS USED AS:													
		<table border="0"> <tr> <td>1 Domestic</td> <td>5 Public Water Supply</td> <td>9 Dewatering</td> </tr> <tr> <td>2 Irrigation</td> <td>6 Oil Field Water Supply</td> <td>10 Monitoring Well</td> </tr> <tr> <td>3 Feedlot</td> <td>7 Domestic (Lawn & Garden)</td> <td>11 Injection Well</td> </tr> <tr> <td>4 Industrial</td> <td>8 Air Conditioning</td> <td>12 Other</td> </tr> </table>		1 Domestic	5 Public Water Supply	9 Dewatering	2 Irrigation	6 Oil Field Water Supply	10 Monitoring Well	3 Feedlot	7 Domestic (Lawn & Garden)	11 Injection Well	4 Industrial	8 Air Conditioning	12 Other
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Was a chemical / bacteriological sample submitted to Department? Yes No <u>X</u> If yes, mo/day/yr sample was submitted Water Well Disinfected: Yes <u>X</u> 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 6 in.		
Casing height above below land surface 42 in.		
Was casing pulled? Yes No <u>X</u> If yes, how much		

6	GROUT PLUG MATERIAL:	1 Neat cement	2 Cement grout	3 Bentonite	4 Other																				
Grout Plug Intervals:		From 9 ft.	to 3 ft.,	From ft.	to ft., From to ft.																				
What is the nearest source of possible contamination:																									
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Direction from well? SOUTH-SOUTHEAST		How many feet? APPROX 1500																							

FROM	TO	PLUGGING MATERIALS
26	9	COARSE SAND
9	3	BENTONITE CHIPS
3	0	TOPSOIL

*PLUGGING WITNESSED BY
TIM BOESE, EQUUS BEDS GMD2

RECEIVED

AUG 19 2004

BUREAU OF WATER

RECEIVED

AUG 13 2004

EQUUS BEDS GROUNDWATER
MANAGEMENT DISTRICT NO. 2

7	CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 8-5-2004 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. NA This Water Well Record was completed on (mo/day/year) NA	
under the business name of NA		
by (signature) <u>Mary C. Hawks</u> 8/12/04		

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, Geology Section, 1000 SW Jackson St., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 785/296-5522. Send one to Water Well Owner and retain one for your records.