KSA 82a-1212

			4.15.47				
1 LOCATION OF WATER WELL:			Fraction	Section Number	Township Number	Range Number	
County: RENO		1/4NE 1/4 NE _{1/4}	6	23	5-W		
Distance and direction from nearest town or city street address of well if located within city?							
1215 EAST 30th ST HUTCHINSON ,KS							
WATER WELL OWNER: U-DO-IT KDHE U2-078-179							
RR#, St. Address, Box #: 1215 EAST 30th ST City, State, ZIP Code : HUTCHINSON, KS Board of Agriculture, Division of Water Resources Application Number:							
MARK WELL'S LOCATION WITH 4 DEPTH OF WELL							
N WELL'S STATIC WATER LEVELft.							
		х	WELL WAS USED AS:				
	W-	N E	1 Domestic				
			2 Irrigation 3 Feedlot	7 Lawn and Garden (Supply X10 Monitorin Only 11 Injection	Well	
W			4 Industrial	8 Air Conditioning	12 Other	•••••	
	S W————S E——— Was a chemical/bacteriological sample submitted to Department? Yes						
]	If yes, mo/day/yr sample was submitted						
	Water Well Disinfected: Yes No						
S							
5 TYPE OF BLANK CASING USED:							
1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (specify below) 22 PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile							
Blank casing diameter							
Casing height above or below land surfacein.							
6 GROUT PLUG MATERIAL: X1 Neat cement 2 Cement grout 3 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 below)							
2 Sewer lines 7 Pit privy 12 Fertilizer storage							
5 Cess Pool 10 Livestock pens 15 Oil well/Gas well Discretion from wells WEST 29							
Direction from well?							
FROM	M TO PLUGGING MATERIALS						
28.5	0	NEAT CEMENT W/6% BENTONITE					
		PULLED	SCREEN & CASI	NG			
		IMPLAC	ED VIA TREMIE				
				\blacksquare			
7				⅃			
CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year)							
CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year)							
by (sig	nature)	ر	<i>f.fff</i> /_f		• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	
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.							