

1	LOCATION OF WATER WELL:	Fraction	Section	Number	Township	Number	Range	Number
	County: Reno	NE ¼ NE ¼ NE ¼	18		23		5	EW

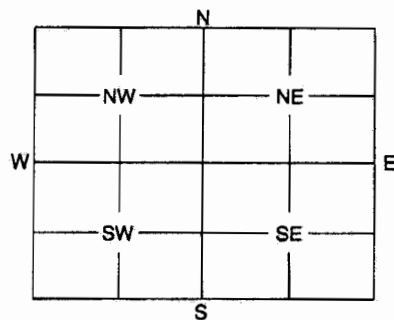
Distance and direction from nearest town or city street address of well if located within city?

1215 E. 4th Ave., Hutchinson

2 WATER WELL OWNER: DENNIS DICK

RR #, St. Address, Box #: 1215 E. 4TH AVENUE
City, State, ZIP Code : HUTCHINSON, KS 67501Board of Agriculture, Division of Water Resources
Application Number:

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



4 DEPTH OF WELL25..... ft.

WELL'S STATIC WATER LEVELN/A..... ft.

WELL WAS USED AS:

- | | | |
|--------------|----------------------------|-------------------|
| 1 Domestic | 5 Public Water Supply | 9 Dewatering |
| 2 Irrigation | 6 Oil Field Water Supply | ● Monitoring Well |
| 3 Feedlot | 7 Domestic (Lawn & Garden) | 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 submittedWater Well Disinfected: Yes No☒

5 TYPE OF BLANK CASING USED:

- | | | | | |
|---------|------------|-------------------|-----------------|-------------------------|
| 1 Steel | 3 RMP (SR) | 5 Wrought | 7 Fiberglass | 9 Other (Specify below) |
| ● PVC | 4 ABS | 6 Asbestos-Cement | 8 Concrete Tile | |

Blank casing diameter2..... in. Was casing pulled? Yes☒..... No If yes, how much3'.....
Casing height above or below land surface0..... in.6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout ● Bentonite ● Other Native Soil.....
Grout Plug Intervals: From0..... ft. to3..... ft., From3..... ft. to25..... 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? How many feet?

FROM	TO	PLUGGING MATERIALS
0	3	Native soil
3	25	Bentonite

MW10

GeoCore #984

KDHE #U2 078 10885

7 CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year)3/1/2007..... and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No.527..... This Water Well Record was completed on (mo/day/year)3/19/2007..... under the business name of GeoCore, Inc.
by (signature)*Dale Bell*.....

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.