CORRECTED		WATER WELL PLUGGING RECORD Form WWC-5P KSA 82a-1212 ID NO. 00347396			NO. 00347396	
1 LOCA	ATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number	
County:	Reno	NW14 NW 14 NW 14	17	23	5 E(W)	
II.	d direction from nearest town of th Ave., Hutchinson	r city street address of well if loc	ated within city?		<u> </u>	
2 WATE	ER WELL OWNER: DENNIS	DICK				
RR #, City, S	St. Address, Box #: 1215 E. 4 tate, ZIP Code : HUTCHIN	TH AVENUE ISON, KS 67501	Board of Agriculture Application Number	, Division of Water Resour	rces	
3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF WELL	4 DEPTH OF WELL			
AN	N SECTION BOX:	WELL'S STATIC WATE	R LEVELN/A ft.			
X		WELL WAS USED AS:				
	W——NE——	1 Domestic 2 Irrigation	5 Public Water Supply6 Oil Field Water Supp	ly Monitori	•	
w		3 Feedlot 4 Industrial	7 Domestic (Lawn & G 8 Air Conditioning		ı Well	
	W ———— SE ———	Was a chemical / bacteriolo	gical sample submitted to De	epartment? Yes	No	
	If yes, mo/day/yr sample was submitted					
Water 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						
	casing diameter2 in.		Yes No		uch3'	
T GROV		surface		Notive Seil		
GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout Bentonite Other Native Soil						
	is the nearest source of possit	le contamination:				
	Septic tank Sewer lines	6 Seepage pit 7 Pit privy	11 Fuel storage12 Fertilizer storage	16 Other (sp	ecify below)	
1	Watertight sewer lines Lateral lines	8 Sewage lagoon 9 Feedyard	13 Insecticide storage14 Abandoned water v		·	
5 (Cess pool	10 Livestock pens	15 Oil well/Gas well			
Direction from well? How many feet?						
FROM	TO F	LUGGING MATERIALS				
0	3 Native soil		MW6R			
3	25 Bentonite		GeoCore #984	ļ		
			KDHE #U2 078	8 10885		
				RRECTE		
CORR					<i>.</i>	
7 CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on						
(mo/day/year)						
by (signature)						
INSTRUCT	IONS: Use typewriter or ba	Il point pen. Please press fire	mly and print clearly. Pleas	se fill in blanks, underli	ne or circle the correct	
answers. S	end top three copies to Ka	nsas Department of Health a 1367. Telephone: 785/296-55	nd Environment, Bureau o	of Water, Geology Secti	on, 1000 SW Jackson	