| LOCATION OF WATER WELL: | | Fraction | | Section Number | Township Number | Range Number |
|---|------|--------------------|---|---------------------------------|----------------------------|------------------|
| RENO | | s | W ¼ SW ¼ NW ¼ | 07 | 23 SOUTH | 05 WEST |
| Distance and direction from nearest town or city street address of well if located within city? | | | | | | |
| APPROXIMATELY 275 FT. EAST AND 460 FT. NORTH OF THE INTERSECTION OF N. PLUM STREET & E. 11 TH AVE., HUTCHINSON, KS | | | | | | |
| WATER WELL OWNER: well no. 3 | | | | | | |
| RR#, St. Address, Box #: 1300 N. PL | | | SON COMMUNITY COLLEGE LUM Board of Agriculture, Division of Water Resources SON, KS 67501 Application Number: | | | |
| MARK WELL'S LOCATION WITH | | | DEPTH OF WELL 40.0 ft. | | | |
| AN "X" IN SECTION BOX | | | WELL'S STATIC WATER LEVEL 14.0 ft. | | | |
| | | ! | WELL WAS USED AS: | | | |
| | | | 1 Domestic | 5 Public Water S | Supply 9 Dew | atering |
| X | | | 2 Irrigation | 6 Oil Field Wate | Supply 10 Mon | itoring Well |
| | | | 3 Feedlot 4 Industrial | 7 Lawn and Gare 8 Air Condition | | ction Well er |
| 1 | | | i industrial | o za odnama | 12 041 | 01 |
| | | | Was a chemical/bacteriolo | | • | ′es □ No 🏻 |
| | | | If yes, mo/day/yr sample | was submitted : | / / | |
| S | | | Water Well Disinfected: Yes ⊠ No □ | | | |
| TYPE OF BLANK CASING USED: | | | | | | |
| | | | | | | |
| 1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other | | | | | | |
| 2 PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile | | | | | | |
| Blank casing diameter 10.0 in. Was casing pulled? Yes ☐ No ☒ if yes, how much 0.0 ft bls | | | | | | |
| Casing height above or below land surface 4.0 feet. | | | | | | |
| GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other | | | | | | |
| Grout Plug Intervals: From 14.0 ft. to 4.0 ft. | | | | | | |
| What is the nearest source of possible contamination: | | | | | | |
| 1 Septic tank 6 Seepage pit 11 Fuel Storage 16 Other | | | | | | |
| 2 Sewer lines 7 Pit | | | | Fertilizer storage | | |
| | | | | Insecticide stora | , | |
| | | | | Abandoned water | | |
| 5 Cess Pool 10 Livestock pens 15 Oil well / Gas well | | | | | | |
| Direction from well? Northeast How many feet? 100 | | | | | | |
| FROM TO | | PLUGGING MATERIALS | | NOTE: PLUGGING WITNESSED BY | | |
| 40.0 | 14.0 | | CLEAN, COURSE SA | | DAVID RANDOLPH, | |
| 14.0 | 4.0 | | BENTONITE HOLE-PL | _UG | EQUUS BEDS GMD2 ON 5/14/08 | |
| | | | | | AND | 6/5/08 |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and | | | | | | |
| was completed on (mo/day/year) 06 / 05 / 2008 and this record is true to the best of my knowledge and belief. | | | | | | |
| Kansas Water Well Contractor's License No. No. under the business name of N/A | | | | | | |
| by (signature)) on fundade - HCC Hlumber DON ROSE, ASSISTANT DIRECTOR OF PLANT FACILITIES | | | | | | |
| INSTRUCTIONS: Use typewriter or ball point pen. <u>Please press firmly</u> and <u>print</u> clearly. Please fill in blanks, and 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. | | | | | | |