

1	LOCATION OF WATER WELL: Fraction	Section Number	Township Number	Range Number
County:	<b>Reno</b> SW 1/4 SW 1/4 SE 1/4	<b>11</b>	<b>23</b>	<b>6-West</b>

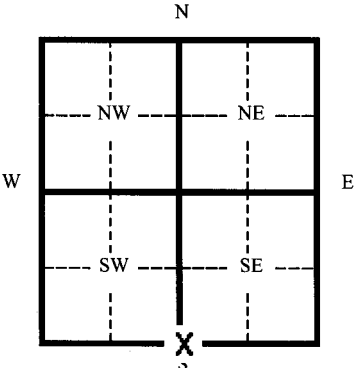
Distance and direction from nearest town or city street address of well if located within city?

**806 W. 4<sup>th</sup> Street**

2	WATER WELL OWNER: <b>Pic Quik, Inc.</b>	Board of Agriculture, Division of Water Resources
RR#, St. Address, Box #	<b>719 N. Main Street</b>	Application Number:
City, State, ZIP Code	<b>Hutchinson, Kansas 67501</b>	

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

4	DEPTH OF WELL <b>14.5</b> ft.
	WELL'S STATIC WATER LEVEL <b>10.24</b> ft.
	WELL WAS USED AS:
	<input type="checkbox"/> 1 Domestic <input type="checkbox"/> 5 Public Water Supply <input type="checkbox"/> 9 Dewatering <input type="checkbox"/> 2 Irrigation <input type="checkbox"/> 6 Oil Field Water Supply <input checked="" type="checkbox"/> 10 Monitoring Well <input type="checkbox"/> 3 Feedlot <input type="checkbox"/> 7 Lawn and Garden (domestic) <input type="checkbox"/> 11 Injection Well <input type="checkbox"/> 4 Industrial <input type="checkbox"/> 8 Air Conditioning <input type="checkbox"/> 12 Other
	Was a chemical/bacteriological sample submitted to Department? Yes ___ No <b>X</b>
	If yes, mo/day/yr sample was submitted _____
	Water Well Disinfected: Yes ___ No <b>X</b>



5	TYPE OF BLANK CASING USED:
	<input type="checkbox"/> 1 Steel <input type="checkbox"/> 3 RMP (SR) <input type="checkbox"/> 5 Wrought <input type="checkbox"/> 7 Fiberglass <input type="checkbox"/> 9 Other (specify below) <input checked="" type="checkbox"/> 2 PVC <input type="checkbox"/> 4 ABC <input type="checkbox"/> 6 Asbestos-Cement <input type="checkbox"/> 8 Concrete Tile
	Blank casing diameter <b>2.375</b> in. Was casing pulled? Yes <b>X</b> No ___ If yes, how much? <b>14.5'</b>
	Casing height above or below land surface <b>Unknown</b> in. <b>Overdrilled well to 15'</b>

6	GROUT PLUG MATERIAL: <input type="checkbox"/> 1 Neat cement <input checked="" type="checkbox"/> 2 Cement grout <input checked="" type="checkbox"/> 3 Bentonite <input type="checkbox"/> 4 Other
	Grout Plug Intervals From <b>0.0</b> ft. to <b>1.0</b> ft. From <b>1.0</b> ft. to <b>15.0</b> ft. From ___ ft. to ___ ft.
	What is the nearest source of possible contamination:
	<input type="checkbox"/> 1 Septic tank <input type="checkbox"/> 6 Seepage pit <input checked="" type="checkbox"/> 11 Fuel storage (former) <input type="checkbox"/> 16 Other (specify below) <input type="checkbox"/> 2 Sewer lines <input type="checkbox"/> 7 Pit privy <input type="checkbox"/> 12 Fertilizer storage <input type="checkbox"/> 3 Watertight sewer lines <input type="checkbox"/> 8 Sewage lagoon <input type="checkbox"/> 13 Insecticide storage <input type="checkbox"/> 4 Lateral lines <input type="checkbox"/> 9 Feedyard <input type="checkbox"/> 14 Abandoned water well <input type="checkbox"/> 5 Cess Pool <input type="checkbox"/> 10 Livestock pens <input type="checkbox"/> 15 Oil well/ Gas well
	Direction from well? <b>West</b> How many feet? <b>35</b>

FROM	TO	CODE	PLUGGING MATERIALS
<b>0.0</b>	<b>1.0</b>		<b>Concrete</b>
<b>1.0</b>	<b>15.0</b>		<b>Bentonite chips</b>

7	CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/yr) <b>02/17/05</b> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <b>692</b> This Water Well Record was completed on (mo/day/yr) <b>02/19/05</b> under the business name of <b>Quad State Services, Inc.</b> by (signature) <i>[Signature]</i>
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INSTRUCTIONS: Please fill in blanks and circle the correct answers. Send three copies to Kansas Department of Health and Environment, Bureau of Water, 1000 S W Jackson St., Ste. 420, Topeka, Kansas 66620-0001. Telephone: 785-296-3565. Send one to Water Well Owner and retain one for your records.