

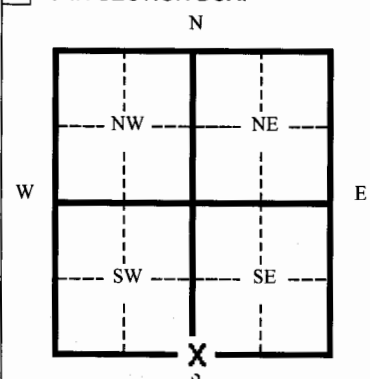
1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: Reno	SW 1/4 SW 1/4 SE 1/4	11	23	6-West

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

806 W. 4th Street

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

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

4 DEPTH OF WELL **14.5** ft.WELL'S STATIC WATER LEVEL **9.82** ft.

WELL WAS USED AS:

- | | | |
|--------------|------------------------------|--------------------|
| 1 Domestic | 5 Public Water Supply | 9 Dewatering |
| 2 Irrigation | 6 Oil Field Water Supply | 10 Monitoring Well |
| 3 Feedlot | 7 Lawn and Garden (domestic) | 11 Injection Well |
| 4 Industrial | 8 Air Conditioning | 12 Other |

Was a chemical/bacteriological sample submitted to Department? Yes ___ No **X**

If yes, mo/day/yr sample was submitted _____

Water Well Disinfected: Yes ___ No **X**

5 TYPE OF BLANK CASING USED:

- | | | | | |
|---------|------------|-------------------|-----------------|-------------------------|
| 1 Steel | 3 RMP (SR) | 5 Wrought | 7 Fiberglass | 9 Other (specify below) |
| 2 PVC | 4 ABC | 6 Asbestos-Cement | 8 Concrete Tile | |

Blank casing diameter **2.375** in. Was casing pulled? Yes **X** No ___ If yes, how much? **14.5'**Casing height above or below land surface **Unknown** in. **Overdrilled well to 15'**

6 GROUT PLUG MATERIAL:	1 Neat cement	2 Cement grout	3 Bentonite	4 Other
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Grout Plug Intervals From **0.0** ft. to **1.0** ft. From **1.0** ft. to **15.0** ft. From ___ ft. to ___ ft.

What is the nearest source of possible contamination:

- | | | | |
|--------------------------|-------------------|--------------------------|--------------------------|
| 1 Septic tank | 6 Seepage pit | 11 Fuel storage (former) | 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? **West-Northwest** How many feet? **30**

FROM	TO	CODE	PLUGGING MATERIALS
0.0	1.0		Concrete
1.0	15.0		Bentonite chips

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/yr) 02/17/05 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 692 This Water Well Record was completed on (mo/day/yr) 02/19/05 under the business name of Quad State Services, Inc. by (signature) <i>[Signature]</i>

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.