					WATER WELL PLUGGING RE	CORD Form WWC-5P	KSA 82a	-1212 10 N	IO		
1	LOCAT	TON OF WAT	ER WELL:		Fraction	Section Number	Township	Number	Range	Number	
County: Reno					5W45= 45W4	1 (23	ک.	6	o _E @)	
Dist	ance and	direction from	nearest towr		ity street address of well if loca	ted within city?					
1800 W. 4th Avenue, Hutchinson											
2					oil co.						
	RR #, St. Address, Box #: PO BOX 17087 City, State, ZIP Code : W1ch14a, KS 67217 Board of Agriculture, Division of Water Resources Application Number: —										
3	MARK	WELL'S LOC	CATION WITH		4 DEPTH OF WELL	3,50 ft.					
	AN "X"	AN "X" IN SECTION BOX:			WELL'S STATIC WATER LEVEL 10.54 ft. Crom TOC						
ſ	N			7	WELL WAS USED AS:						
	NW NE				1 Domestic	5 Public Water Supply 9 Dewatering					
	IVV		— NE ——— 		2 Irrigation	5 Public Water Supply6 Oil Field Water Supp	oly	Monitorir	ng Well		
w				E	3 Feedlot 4 Industrial	7 Domestic (Lawn & G 8 Air Conditioning	iarden)	11 Injection 12 Other		•	
						Ü					
SW SE SE Was a chemical / bacteriological sample submitted to Department? Yes											
	X				Water Well Disinfected: Yes No					•	
_		S	L	_	water well distrilected. Tes	5NO					
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 diameter 4.5 in. Was casing pulled? Yes No											
	Casing	height abov	e or below lan	d su	facei	า.				·	
6	GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other										
Grout Plug Intervals: From											
What is the nearest source of possible contamination:											
1 Septic tank2 Sewer lines					6 Seepage pit7 Pit privy	11 Fuel storage12 Fertilizer storage		16 Other (specify below)			
3 Watertight sewer lines4 Lateral lines				8 Sewage lagoon 9 Feedyard	13 Insecticide storage14 Abandoned water v						
5 Cess pool				10 Livestock pens	15 Oil well/Gas well						
	Directi	on from well?	·		How many t	eet?					
-	ROM	то		DII	JGGING MATERIALS						
0		2	P								
				Seil		- overable	1 206	r			
		20	chip by	ent	entle-hydrated	_ Overonine		۲.			
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7	0011	DAOTORIO	05 4155:		DIO OFFICIO TION TO						
(mo//fay/year)											
Water Well Contractor's License No											
	by (sig	nature)	Percia	Jun (u)	business name of	ensemy.	oni i i i i i i i i i i i i i i i i i i				
INS	STRUCTI	ONS: Use t	vpewriter or	<u>~~</u> ball	point pen. Please press firm	nly and print clearly. Plea	se fill in bla	nks. underlin	e or circle t	he correct	
ans	INSTRUCTIONS: Use typewriter or ball point pen. <u>Please press firmly</u> and <u>print</u> 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.										
St.,	Ste. 420), Topeka, K	ansas 66612	2-13	67. Telephone: 785/296-552	2. Send one to Water W	lell Owner a	nd retain on	e for your re	ecords.	