

1	LOCATION OF WATER WELL:	Fraction	Section	Number	Township	Number	Range	Number																								
	County: <u>Reno</u>	<u>SW 1/4 SE 1/4 SW 1/4</u>	<u>11</u>		<u>23S</u>		<u>6</u>	<u>EW</u>																								
Distance and direction from nearest town or city street address of well if located within city? <u>1000 W. 4th Avenue, Hutchinson</u>																																
2	WATER WELL OWNER: <u>Ruffin Oil Co.</u>																															
	RR #, St. Address, Box #: <u>PO Box 17087</u>		Board of Agriculture, Division of Water Resources																													
	City, State, ZIP Code: <u>Wichita, KS 67217</u>		Application Number:																													
3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: <div style="text-align: center;"> <table border="1" style="margin: auto;"> <tr><td colspan="2" style="text-align: center;">N</td></tr> <tr><td style="text-align: center;">NW</td><td style="text-align: center;">NE</td></tr> <tr><td style="text-align: center;">SW</td><td style="text-align: center;">SE</td></tr> <tr><td colspan="2" style="text-align: center;">S</td></tr> </table> </div>		N		NW	NE	SW	SE	S		4 DEPTH OF WELL <u>13.78</u> ft. WELL'S STATIC WATER LEVEL <u>7.49</u> ft. WELL WAS USED AS: <table style="width:100%;"> <tr> <td>1 Domestic</td> <td>5 Public Water Supply</td> <td>9 Dewatering</td> </tr> <tr> <td>2 Irrigation</td> <td>6 Oil Field Water Supply</td> <td><input checked="" type="radio"/> 10 Monitoring Well</td> </tr> <tr> <td>3 Feedlot</td> <td>7 Domestic (Lawn & Garden)</td> <td>11 Injection Well</td> </tr> <tr> <td>4 Industrial</td> <td>8 Air Conditioning</td> <td>12 Other</td> </tr> </table>						1 Domestic	5 Public Water Supply	9 Dewatering	2 Irrigation	6 Oil Field Water Supply	<input checked="" type="radio"/> 10 Monitoring Well	3 Feedlot	7 Domestic (Lawn & Garden)	11 Injection Well	4 Industrial	8 Air Conditioning	12 Other				
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		Was a chemical / bacteriological sample submitted to Department? Yes No <input checked="" type="checkbox"/> If yes, mo/day/yr sample was submitted Water Well Disinfected: Yes No <input checked="" type="checkbox"/>																														
5	TYPE OF BLANK CASING USED:																															
	1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (Specify below) <input checked="" type="radio"/> 2 PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile																															
	Blank casing diameter <u>2</u> in. Was casing pulled? Yes <input checked="" type="checkbox"/> No If yes, how much <u>13.78</u> Casing height above or below land surface in.																															
6	GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout <input checked="" type="radio"/> 3 Bentonite 4 Other																															
	Grout Plug Intervals: From <u>15</u> ft. to <u>2</u> ft., From ft. to ft., From to ft.																															
	What is the nearest source of possible contamination:																															
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7	CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) <u>8/1/80</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>650</u> This Water Well Record was completed on (mo/day/year) <u>9/26/80</u> under the business name of <u>Deffenbaugh Field Services</u> by (signature) <u>[Signature]</u>																															

INSTRUCTIONS: Use typewriter or ball point pen. Please press firmly and print 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.