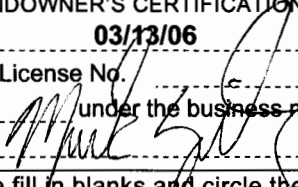


<b>1</b> LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number				
County: <b>Reno</b>	<b>NW ¼ SW ¼ SW ¼</b>	<b>24</b>	<b>23</b>	<b>6-West</b>				
Distance and direction from nearest town or city street address of well if located within city? <b>300 N. Main Street, Hutchinson, Kansas</b>								
<b>2</b> WATER WELL OWNER: <b>Kwik Shop, Inc.</b>								
RR#, St. Address, Box # <b>734 E. 4<sup>th</sup> Avenue</b>								
City, State, ZIP Code : <b>Hutchinson, Kansas 67504</b>								
Board of Agriculture, Division of Water Resources Application Number:								
<b>3</b> MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:		<b>4</b> DEPTH OF WELL <b>15.0</b> ft.						
<div style="text-align: center;">N</div> <table border="1" style="margin: auto; width: 150px; height: 150px;"><tr><td style="width: 50%; text-align: center;">NW</td><td style="width: 50%; text-align: center;">NE</td></tr><tr><td style="width: 50%; text-align: center;">SW</td><td style="width: 50%; text-align: center;">SE</td></tr></table> <div style="text-align: center;">S</div> <div style="position: relative; width: 150px; height: 150px; margin: auto;"><div style="position: absolute; left: -20px; top: 50%; transform: translateY(-50%);">W</div><div style="position: absolute; right: -20px; top: 50%; transform: translateY(-50%);">E</div><div style="position: absolute; left: 10px; bottom: 10px; font-size: 2em;">X</div></div>		NW	NE	SW	SE	WELL'S STATIC WATER LEVEL <b>8.71</b> ft.		
		NW	NE					
		SW	SE					
		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 <b>X</b>								
If yes, mo/day/yr sample was submitted _____								
Water Well Disinfected: Yes _____ No <b>X</b>								
<b>5</b> TYPE OF BLANK CASING USED:								
1 Steel                      3 RMP (SR)                      5 Wrought                      7 Fiberglass                      9 Other (specify below)								
<b>2</b> PVC                      4 ABC                      6 Asbestos-Cement                      8 Concrete Tile								
Blank casing diameter <b>2.375</b> in. Was casing pulled? Yes <b>X</b> No _____ If yes, how much? <b>15'</b>								
Casing height above or below land surface <b>Unknown</b> in. <b>Overdrilled well to 15'</b>								
<b>6</b> GROUT PLUG MATERIAL: 1 Neat cement    2 Cement grout <b>3</b> Bentonite <b>4</b> Other <b>Soils/Concrete</b>								
Grout Plug Intervals From <b>15.0</b> ft. to <b>3.0</b> ft. From <b>3.0</b> ft. to <b>1.0</b> ft. From <b>1.0</b> ft. to <b>0.0</b> ft.								
What is the nearest source of possible contamination:								
1 Septic tank                      6 Seepage pit <b>11</b> 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? <b>Southwest</b> How many feet? <b>20</b>								

FROM	TO	CODE	PLUGGING MATERIALS
0.0	1.0		Concrete
1.0	3.0		Soils
3.0	18.0		Bentonite chips

<b>7</b> CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/yr) <b>03/13/06</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>03/21/06</b> under the business name of <b>Quad State Services, Inc.</b> by (signature) 	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.
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