Form WWC-5P

KSA 82a-1212 ID NO.00324 133

1	LOCATION	N OF WA	TER WELL:		Fraction	Section	Number	Township	Number	Range	Number
County: Reno					SEX NEX NWX	1		23		6	EW
Distance and direction from nearest town or city street address of well if located within city?											
2617 N. Main Hutchinson KS 67502											
2	WATER W	ELL OW	NER: T4E	٤	>ì l						
RR #, St. Address, Box #: P.O. Box 1303 City, State, ZIP Code : Hutchinson KS 67504 Board of Agriculture, Division of Water Resources Application Number:											
3	MARK WE AN "X" IN		CATION WITH N BOX:		4 DEPTH OF WELL WELL'S STATIC WATE	17 BIEVEL 14	ft.				
N N											
					WELL WAS USED AS:						
w -	NW	X	— NE	E	1 Domestic 2 Irrigation 3 Feedlot 4 Industrial	6 Oil Fi 7 Dome	c Water Suppled Water Supestic (Lawn & conditioning	oply Garden)	9 Dewateri 10 Monitorir 11 Injection 12 Other	ng Well Well	
					Was a chamical / hactariolo	elames lesina	submitted to [
SE SE Was a chemical / bacteriological sample submitted to Department? Yes											
Water Well Disinfected: Yes No										٠.	
5 TYPE OF BLANK CASING USED:											
1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (Specify below) 2 PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile											
Blank casing diameter in. Was casing pulled? Yes											
	GROUT PL		· · · · · · · · · · · · · · · · · · ·		at cement 2 Cement gro		ntohite) 4	Other			
Grout Plug Intervals: From											
What is the nearest source of possible contamination:											
Septic tank Sewer lines			6 Seepage pit 7 Pit privy		Fuel storage 12 Fertilizer storage			16 Other (specify below)			
3 Watertight sewer lines 4 Lateral lines					8 Sewage lagoon 9 Feedyard	13 Insecticide storage 14 Abandoned water well					
5 Cess pool					10 Livestock pens		well/Gas well				
Direction from well? NW How many feet? ZO											
FR	ОМ	то		PLI	JGGING MATERIALS						
,	7'	3'	Ω.								
	1	~ ,	Dento	~/	te Chips Material						
3) (<u>)</u>	Native	2_	Material						
·											
7	CONTRAC	TOR'S	OF LANDOW	/NE	R'S CERTIFICATION: This	s water well	was plugge	ed under my ju	urisdiction a	and was co	ompleted on elief. Kansas
	Water Well (Contracto	r's License No.		business name of .G.C.	en Field	This W	Vater Well Reco	ord was com	pleted on (mo/day/year)
	by (signati	ıre) . 9	an Pac	ine C	Dusiness name of Section		x	. Mrs. Amer. A. Mrs. E 158			
INSTRUCTIONS: Use typewriter or hall point pen. Please press firmly and print clearly. Please fill in blanks, underline or circle the correct											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.