ID NO.00371665

				T		
1 LOCA	ITION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number	
County: D	040	NW4NW 4NE4)	22	6 -0	
County: Revo NW/4 NW 1/4 VE 1/4 23 6 E® Distance and direction from nearest town or city street address of well if located within city?						
2 WATER WELL OWNER: Danny'S OK Service						
RR #, St. Address, Box #: 25 E. 30+h St. Board of Agriculture, Division of Water Resources						
City, State, ZIP Code : Hutchinson KS 67501 Application Number:						
3 MADI	(WELL'S LOCATION WITH	4 DEPTH OF WELL	20 ft.			
1 1 1000	" IN SECTION BOX:	1 1	111. 2			
WELL'S STATIC WATER LEVEL 14.2 ft.						
	X	WELL WAS USED AS:				
N'	N——NE	1 Domestic 2 Irrigation	5 Public Water Supply6 Oil Field Water Supp			
		3 Feedlot	7 Domestic (Lawn & G	arden) 11 Injection	Well	
W	E	4 Industrial	8 Air Conditioning	②Other	SUE	
West a sharriest / hastarial counts as how that to Department 2 Ves						
SE ————————————————————————————————————						
	S	Water Well Disinfected: Ye	es No X.			
5 TYPE OF BLANK CASING USED:						
1 Ste		ought 7 Fibergla		elow)		
②PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile						
Blank casing diameter In. Was casing pulled? Yes No						
Casing height above of below and surface						
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:						
	Septic tank	6 Seepage pit	11 Fuel storage	16 Other (spe	cify below)	
2 Sewer lines 7 Pit privy			12 Fertilizer storage	12 Fertilizer storage		
			13 Insecticide storage14 Abandoned water w	wall		
4 Lateral lines 9 Feedyard 14 Abandoned water well 5 Cess pool 10 Livestock pens 15 Oil well/Gas well						
20						
Direction from well?						
FROM	TO PLI	JGGING MATERIALS				
20	20' 3' Bentonite chips					
3' O' Native material						
	Villatibe	marcilar				
					Ì	
CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year)						
Water Well Contractor's License No. This Water Well Record was completed on (mo/day/year) S-12-09 under the business name of Green Field Contractor's						
8-1	Z-09 under the	business name of Gree	nField Contract	ers	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
by (sig	nature) Jan Pegara	~~				
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						
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St., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 785/296-5522. Send one to Water Well Owner and retain one for your records.