

1. LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: <u>Reno</u>	<u>NE 1/4 NW 1/4</u>	<u>14</u>	<u>23</u>	<u>6</u> EW

Distance and direction from nearest town or city street address of well if located within city?

1200 West 4th Street, Hutchinson, KS

2. WATER WELL OWNER: <u>Farmers Coop Elevator</u>	Board of Agriculture, Division of Water Resources
RR #, St. Address, Box #: <u>1200 W. 4th St</u>	Application Number:
City, State, ZIP Code: <u>Hutchinson KS 67501</u>	

3. MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4. DEPTH OF WELL <u>10</u> ft.															
<div style="text-align: center;">N</div> <table border="1" style="margin: auto; border-collapse: collapse;"> <tr> <td style="text-align: center;">X</td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">NW</td> <td></td> <td style="text-align: center;">NE</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">SW</td> <td></td> <td style="text-align: center;">SE</td> </tr> <tr> <td style="text-align: center;">S</td> <td></td> <td></td> </tr> </table> <div style="display: flex; justify-content: space-between; width: 100%;"> W E </div>	X			NW		NE				SW		SE	S			WELL'S STATIC WATER LEVEL <u>N/A</u> ft.
	X															
	NW		NE													
SW		SE														
S																
	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>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 <u>SUE</u></td> </tr> </table>	1 Domestic	5 Public Water Supply	9 Dewatering	2 Irrigation	6 Oil Field Water Supply	10 Monitoring Well	3 Feedlot	7 Domestic (Lawn & Garden)	11 Injection Well	4 Industrial	8 Air Conditioning	12 Other <u>SUE</u>			
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Was a chemical / bacteriological sample submitted to Department? Yes No X.....
 If yes, mo/day/yr sample was submitted

Water Well Disinfected: Yes No X.....

5.	TYPE OF BLANK CASING USED:	<table style="width: 100%;"> <tr> <td>1 Steel</td> <td>3 RMP (SR)</td> <td>5 Wrought</td> <td>7 Fiberglass</td> <td>9 Other (Specify below)</td> </tr> <tr> <td>2 PVC</td> <td>4 ABS</td> <td>6 Asbestos-Cement</td> <td>8 Concrete Tile</td> <td></td> </tr> </table>	1 Steel	3 RMP (SR)	5 Wrought	7 Fiberglass	9 Other (Specify below)	2 PVC	4 ABS	6 Asbestos-Cement	8 Concrete Tile	
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	Blank casing diameter <u>4</u> in.	Was casing pulled? Yes <u>X</u> No If yes, how much <u>3'</u>										
	Casing height above or below land surface											

6.	GROUT PLUG MATERIAL:	<table style="width: 100%;"> <tr> <td>1 Neat cement</td> <td>2 Cement grout</td> <td>3 <u>Bentonite</u></td> <td>4 Other</td> </tr> </table>	1 Neat cement	2 Cement grout	3 <u>Bentonite</u>	4 Other																
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	GROUT PLUG INTERVALS:	From <u>3</u> ft. to <u>10</u> ft., From ft. to ft., From ft. to ft.																				
	What is the nearest source of possible contamination:																					
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	Direction from well? How many feet?																					

FROM	TO	PLUGGING MATERIALS
0'	3'	<u>Native material</u>
3'	10'	<u>Bentonite chips</u>

7.	CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) <u>4-8-10</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>5-7-10</u> This Water Well Record was completed on (mo/day/year) under the business name of <u>Greenfield Contractors</u> by (signature) <u>Joan Packham</u>
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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.