1	LOCAT	ON OF WATE	B WELL:	. Fraction	Section	Number	Township	Number	Range Number	
Co		Reno		SW1/4 SW1/4 NE 1/4	14		23		66	
			n nearest town o							
Distance and direction from nearest town or city street address of well if located within city? 305 5 Monroe in Hutchinson										
		WATER WELL OWNER: Krause Corp RR #, St. Address, Box #: Po Box 2707 Board of Agriculture, Division of Water Resources City, State, ZIP Code: Hutch, KS 67504-2707 Application Number:								
3		WELL'S LOCA	TION WITH	4 DEPTH OF WELL		ft			makin Hillardon (Marana Marana) ka anaka angang pagangan ana angang angang angang ka	
	AN "X"	IN SECTION	BOX:	WELL'S STATIC WATER LEVEL						
				WELL WAS USED AS:						
	N W N E			1 Domestic 5 Public Water Supply 9 Dewatering						
			1	2 Irrigation	6 Oi	Field Water Su	pply	10 Monito	ring Well	
w			X E	3 Feedlot (4) Industrial		mestic (Lawn & Conditioning	(Garden)	11 Injection12 Other		
				Was a chemical / bacteriological sample submitted to Department?Yes						
	S W S E S E S Was a chemical / bacteriological sample submitted to Department? res								140	
	Water Well Disinfected: YesX No									
	S water well disinfected: Yes									
5 TYPE OF BLANK CASING USED:										
1 Steel ③RMP (SR) 5 Wrought 7 Fiberglass 9 Other (Specify below) 2 PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile										
Blank casing diameter									uch	
6		GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other								
	Grout Plug Intervals: From									
		s the neares eptic tank	t source of pos	sible contamination:	11	Fuel storage	(1)	Other (en	acify halow)	
		ewer lines		6 Seepage pit 7 Pit privy		11 Fuel storage (19 Other (specify below) 12 Fertilizer storage				
		atertight sev ateral lines	ver lines	8 Sewage lagoon 9 Feedyard		13 Insecticide storage Purificial Abandoned water well				
		ess Pool		10 Livestock pens		Oil well/Gas we				
Direction from well? How many feet?										
FROM TO PLUGGING MATERIALS										
	0	/3	Rent	11 to 16 4 100						
/3		30	Card	t Gravel						
			<u> </u>	t Ceravel						
					OT-					
-										
-										
-										
	name of the control o									
CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was on (mo/day/year) and this record is true to the best of my knowledge and beli water Well Contractor's License No. This Water Well Record was completed on (mo/day/year) under the business name of by (signature)										
Water Well Contractor's License No									npleted on (mo/day/year)	
	by (sign	nature)	under t	he business name of	ALLER		2.g			
-			***************************************							
a	nswers.	Send top th	ree copies to	ball point pen. <u>Please press</u> Kansas Department of He	alth and E	nvironment, Bu	ase iii in bia ireau of Wat	er, Topeka,	Kansas 66620-0001.	
T	elephone	785/296-35	65. Send one to	Water Well Owner and retain	one for your	records.				