1	LOCATION OF WATER WELL:		- Fi	Fraction		Section Number		Number	Range	Number										
County: Reno			Su	SW1/4 SE1/4 NE1/4		14			6	ω										
Di	Distance and direction from nearest town or city street address of well if located within city?																			
	305 S Monroe in Hutchinson																			
2	0.000																			
RR #, St. Address, Box #: City, State, ZIP Code: Hutch, KS 67504-2707 Board of Agriculture, Division of Water Resources Application Number:																				
3	l .	WELL'S LOCA		4	DEPTH OF WELL&	2.8	ft													
	ANA	N OLOTION	DOX.		WELL'S STATIC WATER LEVEL ft.															
	N W N E				WELL WAS USED AS:															
					1 Domestic 5 Public Water Supply 9 Dewatering															
			x		2 Irrigation 3 Feedlot		Dil Field Water Su Domestic (Lawn &		10 Monito	ring Well on Well										
W	,		F	=	(a) Industrial		Air Conditioning	,	-	***************************************	•••••									
	s	w	S E		Was a chemical / bacteriological sample submitted to Department?Yes															
				-																
Water Well Disinfected: Yes No																				
5	TYPE C	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 diameterin. Was casing pulled? Yes																			
	Casing height above or below land surface in.																			
6	GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other																			
Grout Plug Intervals: Fromft. toft., Fromft. toft., Fromft., Fromft.																				
	1 Septic tank				S Seepage pit	11	Fuel storage	1	6 Other (sp	ecify below)									
	2 Sewer lines 3 Watertight sewer lines				7 Pit privy 3 Sewage lagoon		Fertilizer storag				••••••									
	4 Lateral lines			9	9 Feedyard	14	Abandoned water	er well												
5 Cess Pool 10 Livestock pens 15 Oil well/Gas well Direction from well?																				
	Direct	ion from we	II? <i>!\</i>	······································	How man	y feet?	<i>&</i>	**********												
_	FROM	ТО	PL	.UGGIN	IG MATERIALS															
	0	3	# Fill	<u> D</u>	i'n Y															
	3	14	Bento	11/4	ravel															
	14	28	Sand	e 6	racel															
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			,																	
7	CONT	RACTOR'S	OR LANDOW	NER'S	CERTIFICATION: Th	is water	well was plugg	ed under m	y jurisdictio	n and was	completed									
on (mo/day/year) and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No																				
On (mo/day/year) and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No.  Under the business name of Manager Well Action and Was completed on (mo/day/year) by (signature)																				
_	الوات) رد		1							by (signature)										

INSTRUCTIONS: Use typewriter or ball point pen. <u>Please press firmly</u> and <u>print</u> 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, Topeka, Kansas 66620-0001. Telephone: 785/296-3565. Send one to Water Well Owner and retain one for your records.