1 LOCATI	ON OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: '	Revo	UW1/42W14DE1/4	14	24	6W
Distance and direction from nearest town or city street address of well if located within city?					
From S. Hutch en 17 3 So. 1/2 W So. SIDE 2 WATER WELL OWNER: HECO CORP					
FIRST ST					
RR#, St. Address, Box #: 575 S. Flower ST City, State, ZIP Code : C.A., CA 9007) Board of Agriculture, Division of Water Resources Application Number:					
MARK WELL'S LOCATION WITH 4 DEPTH OF WELL					
	X	WELL WAS USED AS:			
W	WN E	1 Domestic 2 Irrigation 3 Feedlot E 4 Industrial	6 Oil Field Water 9	Supply 10 Monitoring Only 11 Injection	g Well Well
S W S E Was a chemical/bacteriological sample submitted to Department? YesNo					
Water Well Disinfected: Yes. No					
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 diameterin. Was casing pulled? Yes NoX. If yes, how muchin.					
6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other					
Grout Plug Intervals: From. 3ft. toft., Fromft. toft., From toft.					
What is the nearest source of possible contamination:					
1 Septic tank 6 Seepage pit 11 Fuel storage 16 Other (specific Sewer lines 7 Pit privy 12 Fertilizer storage					cify below)
3 Wat	tertight sewer lines teral lines	7 Pit privy 8 Sewage lagoon 9 Feedyard	12 Fertilizer stores 13 Insecticide store 14 Abandoned water w		
5 Cess Pool 10 Livestock pens 15 Oil well/Gas well					
Direction from well? How many feet?					
FROM					
<u>28'</u>	3' Hole	Plus	_		
			_		
			_		
			_		
7 CONTRAC	CTOR'S OR LANDOWNER'S	CERTIFICATION:This water	 well was plugged ur	nder my jurisdiction a	and was completed
on (moر Water ا	/day/year) 5/30/.9 Well/Cont/actor's Lice	and this recornse No. 5.37. Inder the brings name	d is true to the bes This Water Well	t of my knowledge and Record was completed	belief. Kansas on (mo/day/year)

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: 913/296-3565. Send one to Water Well Owner and retain one for your records.