

LOCATION OF WATER WELL: RENO	Fraction NE 1/4 SE 1/4 NE 1/4	Section Number 21	Township Number 24 SOUTH	Range Number 06 WEST																											
Distance and direction from nearest town or city street address of well if located within city? APPROXIMATELY 1795 SOUTH AND 425 WEST OF THE INTERSECTION OF W. LONGVIEW ROAD AND S. BROADACRES ROAD.																															
WATER WELL OWNER: C.B. SHOWALTER HOG FARMS LLC.																															
RR#, St. Address, Box #: City, State, ZIP Code:		8915 S. BROADACRES ROAD HUTCHINSON KS 67501 Board of Agriculture, Division of Water Resources Application Number: NA																													
MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX <div style="text-align: center; margin-top: 10px;">N <table border="1" style="margin: auto; border-collapse: collapse;"><tr><td style="width: 50px; height: 50px;"></td><td style="width: 50px; height: 50px; text-align: center; vertical-align: middle;">X</td></tr><tr><td style="width: 50px; height: 50px;"></td><td style="width: 50px; height: 50px;"></td></tr></table> S</div>			X			DEPTH OF WELL 14.00 ft. WELL'S STATIC WATER LEVEL 10.00 ft. WELL WAS USED AS: <table style="width:100%; margin-top: 10px;"><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 Lawn and Garden Only</td><td>11 Injection Well</td></tr><tr><td>4 Industrial</td><td>8 Air Conditioning</td><td>12 Other</td></tr></table> Was a chemical/bacteriological sample submitted to Department? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, mo/day/yr sample was submitted: / / WaterWell Disinfected: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			1 Domestic	5 Public Water Supply	9 Dewatering	2 Irrigation	6 Oil Field Water Supply	10 Monitoring Well	3 Feedlot	7 Lawn and Garden Only	11 Injection Well	4 Industrial	8 Air Conditioning	12 Other											
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TYPE OF BLANK CASING USED: <table style="width:100%; margin-top: 10px;"><tr><td>1 Steel</td><td>3 RMP (SR)</td><td>5 Wrought</td><td>7 Fiberglass</td><td>9 Other ____</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> Blank casing diameter 2.0 in. Was casing pulled? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> if yes, how much Casing height above or below land surface 10.0 feet.					1 Steel	3 RMP (SR)	5 Wrought	7 Fiberglass	9 Other ____	2 PVC	4 ABS	6 Asbestos-Cement	8 Concrete Tile																		
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GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other Grout Plug Intervals: From 14.00 ft. to 7.0 ft. What is the nearest source of possible contamination: <table style="width:100%; margin-top: 10px;"><tr><td>1 Septic tank</td><td>6 Seepage pit</td><td>11 Fuel Storage</td><td>16 Other - Railroad</td></tr><tr><td>2 Sewer lines</td><td>7 Pit privy</td><td>12 Fertilizer storage</td><td></td></tr><tr><td>3 Watertight sewer lines</td><td>8 Sewage lagoon</td><td>13 Insecticide storage</td><td></td></tr><tr><td>4 Lateral lines</td><td>9 Feedyard</td><td>14 Abandoned water well</td><td></td></tr><tr><td>5 Cess Pool</td><td>10 Livestock pens</td><td>15 Oil well / Gas well</td><td></td></tr></table> Direction from well? east How many feet? 30					1 Septic tank	6 Seepage pit	11 Fuel Storage	16 Other - Railroad	2 Sewer lines	7 Pit privy	12 Fertilizer storage		3 Watertight sewer lines	8 Sewage lagoon	13 Insecticide storage		4 Lateral lines	9 Feedyard	14 Abandoned water well		5 Cess Pool	10 Livestock pens	15 Oil well / Gas well								
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CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 06 / 07 / 2006 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. NA under the business name of C.B. Showalter Hog Farms LLC. by (signature) <i>C.B. Showalter</i>																															
INSTRUCTIONS: Use typewriter or ball point pen. Please press firmly and print clearly. Please fill in blanks, and 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.																															

RECEIVED

OCT 31 2006

Equus Beds Groundwater
Management District No. 2