IDNO. MW-3

1	LOCATION OF WATER WELL:			Fraction	Section Number	Township Number	Range Number	
County: Reno				SW1/4 SW 1/4 SE 1/4	I Number	235	06 W	
Distance and direction from nearest town or city street address of well if located within city?								
828 W. 4th Sty Hutchfuson,								
2 WATER WELLOWNER: Mr. Dean's Dick								
	RR #, St.	Address, Box	#-1715 E.	19th Avenue 20th KS 67501	Board of Agriculture, Division of Water Resources			
MARK WELL'S LOCATION WITH 4 DEPTH OF WELL								
	AN A	N N	DOX.	WELL'S STATIC WATER LEVEL 8,57 ft.				
				WELL WAS USED AS:				
	N	w —	N E	1 Domestic	5 Public Water Suppl	ly 9 Dewate	əring	
		1		2 Irrigation 3 Feedlot	6 Oil Field Water Sup7 Domestic (Lawn &			
W	_		E	4 Industrial	8 Air Conditioning			
S WS E Was a chemical / bacteriological sample submitted to Department?Yes						No		
If yes, mo/day/yr sample was submitted								
		i ja		Water Well Disinfected:	Yes NoX			
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								
6	GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Sentonite 4 Other							
٢	Grout Plug Intervals: Fromft. toft., From							
	What is the nearest source of possible contamination:							
	1 Septic tank Sewer lines			6 Seepage pit 11 Fuel storage 16 Other (specify below) 7 Pit privy 12 Fertilizer storage			, ,	
	3 Watertight sewer lines 4 Lateral lines			8 Sewage lagoon 9 Feedyard	13 Insecticide stora14 Abandoned wate			
	5 Cess Pool			10 Livestock pens	15 Oil well/Gas well			
Direction from well? South How many feet? 51-40								
FROM TO PLUG			PLUC	GGING MATERIALS				
ථ		Z	Nathu	e utrl. + Pavement	•			
2		15	chap h	sentonille-hydrate	ed	RECE!	VED	
						NOV 1 7	2004	
						BUREAU OF	WATER	
				the state of the s				
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year)								
Water Well Contractor's license No								
	by (sign		Weer)	Section (in the section of the secti	9			
IN	STRUC	TIONS: Use	typewriter or ba	Il point pen. <u>Please press fi</u>	rmly and print clearly. Plea	ase fill in blanks, underlin	e or circle the correct	
Tel	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.							