

1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: <b>Reno</b>	<b>NE</b> ¼ <b>NW</b> ¼ <b>NW</b> ¼	<b>8</b>	T <b>23</b> S	R <b>5</b> EW

Distance and direction from nearest town or city street address of well if located within city?  
**1525 E. 17<sup>th</sup> Avenue, Hutchinson, Kansas**

2 WATER WELL OWNER: **Kwik Shop, Inc.**  
 RR#, St. Address, Box # : **734 E. 4<sup>th</sup> Avenue** Board of Agriculture, Division of Water Resources  
 City, State, ZIP Code : **Hutchinson, Kansas 67504** Application Number:

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4 DEPTH OF COMPLETED WELL <b>25.0</b> ft. ELEVATION:
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Depth(s) Groundwater Encountered 1 **13.5** ft. 2 \_\_\_\_\_ ft. 3 \_\_\_\_\_ ft.

WELL'S STATIC WATER LEVEL **16.31** ft. below land surface measured on mo/day/yr **10/11/04**

Pump test data: Well water was \_\_\_\_\_ ft. after \_\_\_\_\_ hours pumping \_\_\_\_\_ gpm

Est. Yield **NA** gpm: Well water was \_\_\_\_\_ ft. after \_\_\_\_\_ hours pumping \_\_\_\_\_ gpm

Bore Hole Diameter **8.5** in. to **25.0** ft. and \_\_\_\_\_ in. to \_\_\_\_\_ ft.

WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well  
 1 Domestic 3 Feed lot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)  
 2 Irrigation 4 Industrial 7 Lawn and garden (domestic) **10** Monitoring well

Was a chemical/bacteriological sample submitted to Department? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, mo/day/yr sample was submitted \_\_\_\_\_

Water Well Disinfected? Yes \_\_\_\_\_ No **X**

5 TYPE OF BLANK CASING USED:

1 Steel	3 RMP (SR)	5 Wrought Iron	8 Concrete tile	CASING JOINTS: Glued _____ Clamped _____
<b>2</b> PVC	4 ABS	6 Asbestos-Cement	9 Other (specify below)	Welded _____
Blank casing diameter <b>2.375</b> in. to <b>10.0</b> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.	7 Fiberglass	_____	_____	Threaded _____ <b>X</b>

Casing height above land surface **Flush Mount** in., weight \_\_\_\_\_ lbs./ft. Wall thickness or gauge No. **Schedule 40**

TYPE OF SCREEN OR PERFORATION MATERIAL:

1 Steel	3 Stainless steel	5 Fiberglass	<b>7</b> PVC	10 Asbestos-cement
2 Brass	4 Galvanized steel	6 Concrete tile	8 RMP (SR)	11 Other (specify) _____
SCREEN OR PERFORATION OPENINGS ARE:	5 Gauzed wrapped	8 Saw cut	11 None (open hole)	
1 Continuous slot	<b>3</b> Mill slot	6 Wire wrapped	9 Drilled holes	
2 Louvered shutter	4 Key punched	7 Torch cut	10 Other (specify) _____	

SCREEN-PERFORATED INTERVALS: From **25.0** ft. to **10.0** ft. From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

GRAVEL PACK INTERVALS: From **25.0** ft. to **4.5** ft. From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

6 GROUT MATERIAL: 1 Neat cement **2** Cement grout **3** Bentonite 4 Other \_\_\_\_\_

Grout Intervals From **0.0** ft. to **1.5** ft. From **1.5** ft. to **4.5** ft. From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

What is the nearest source of possible contamination:

1 Septic tank	4 Lateral lines	7 Pit privy	<b>11</b> Livestock pens	14 Abandoned water well
2 Sewer lines	5 Cess pool	8 Sewage lagoon	12 Fuel storage (former)	15 Oil well/ Gas well
3 Watertight sewer lines	6 Seepage pit	9 Feedyard	13 Insecticide storage	16 Other (specify below) _____

Direction from well? **West** How many feet? **105**

FROM	TO	CODE	LITHOLOGIC LOG
0.0	0.3		Topsoil
0.3	3.0		Brown very silty clay, laminated, firm, moist
3.0	13.5		Red brown sandy, very silty clay, laminated, silty sand lens @7.0', firm, moist
13.5	25.0		Brown silty, very fine-very coarse grained sand, sub-rounded, clay and silt lenses, moist, wet @ 13.5'

RECEIVED

NOV 17 2004

BUREAU OF WATER

Flush-mount well completion approved by Don Taylor, KDHE, BOW.

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was **1** constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/yr) **10/07/04** and this record is true to the best of my knowledge and belief, Kansas  
 Water Well Contractor's License No. **692** This Water Well Record was completed on (mo/day/yr) **11/15/04**  
 under the business name of **Quad State Services, Inc.** by (signature) \_\_\_\_\_

INSTRUCTIONS: Please fill in blanks and circle the correct answers. Send three copies to Kansas Department of Health and Environment, Bureau of Water, 1000 S W Jackson St., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.

OFFICE USE ONLY

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