

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>	<b>T 23 S</b>	<b>R 5 E</b>
Distance and direction from nearest town or city street address of well if located within city? <b>1525 E. 17<sup>th</sup> Avenue, Hutchinson, Kansas</b>					
2 WATER WELL OWNER: <b>Kwik Shop, Inc.</b>					
RR#, St. Address, Box # : <b>734 E. 4<sup>th</sup> Avenue</b> Board of Agriculture, Division of Water Resources					
City, State, ZIP Code : <b>Hutchinson, Kansas 67504</b> Application Number:					
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL <b>25.0</b> ft. ELEVATION:			
		Depth(s) Groundwater Encountered 1 <b>12.5</b> ft. 2 _____ ft. 3 _____ ft.			
		WELL'S STATIC WATER LEVEL <b>15.70</b> ft. below land surface measured on mo/day/yr <b>10/11/04</b>			
		Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm			
		Est. Yield <b>NA</b> gpm: Well water was _____ ft. after _____ hours pumping _____ gpm			
		Bore Hole Diameter <b>8.5</b> in. to <b>25.0</b> 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) <b>10</b> Monitoring well			
		Was a chemical/bacteriological sample submitted to Department? Yes _____ No _____ If yes, mo/day/yr sample was submitted _____			
5 TYPE OF BLANK CASING USED:		5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued _____ Clamped _____			
1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded _____					
<b>2</b> PVC 4 ABS 7 Fiberglass _____ Threaded <b>X</b>					
Blank casing diameter <b>2.375</b> in. to <b>10.0</b> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.					
Casing height above land surface <b>Flush Mount</b> in., weight _____ lbs./ft. Wall thickness or gauge No. <b>Schedule 40</b>					
TYPE OF SCREEN OR PERFORATION MATERIAL:		<b>7</b> PVC 10 Asbestos-cement			
1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 11 Other (specify)					
2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 12 None used (open hole)					
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 <b>25.0</b> ft. to <b>10.0</b> ft. From _____ ft. to _____ ft.					
GRAVEL PACK INTERVALS: From <b>25.0</b> ft. to <b>4.5</b> ft. From _____ ft. to _____ ft.					
6 GROUT MATERIAL: 1 Neat cement <b>2</b> Cement grout <b>3</b> Bentonite 4 Other _____					
Grout Intervals From <b>0.0</b> ft. to <b>1.5</b> ft. From <b>1.5</b> ft. to <b>4.5</b> ft. From _____ ft. to _____ ft.					
What is the nearest source of possible contamination:		10 Livestock pens 14 Abandoned water well			
1 Septic tank 4 Lateral lines 7 Pit privy <b>11</b> Fuel storage (former) 15 Oil well/ Gas well					
2 Sewer lines 5 Cess pool 8 Sewage lagoon 12 Fertilizer storage 16 Other (specify below)					
3 Watertight sewer lines 6 Seepage pit 9 Feedyard 13 Insecticide storage					
Direction from well? <b>North-Northeast</b> How many feet? <b>80</b>					
FROM	TO	CODE	LITHOLOGIC LOG		
<b>0.0</b>	<b>0.8</b>		<b>Topsoil</b>		
<b>0.8</b>	<b>12.0</b>		<b>Red brown sandy, very silty clay, laminated, silty sand lens @7.5', firm, moist</b>		
<b>12.5</b>	<b>25.0</b>		<b>Red brown silty, fine-coarse grained sand, moist, wet @12.5'</b>		
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 <b>1</b> constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/yr) <b>10/07/04</b> and this record is true to the best of my knowledge and belief. Kansas					
Water Well Contractor's License No. <b>692</b> This Water Well Record was completed on (mo/day/yr) <b>11/15/04</b>					
under the business name of <b>Quad State Services, Inc.</b> 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.					

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