

1 LOCATION OF WATER WELL: County: Reno		Fraction NE ¼ NE ¼ NE ¼	Section Number 30	Township Number T 23 S	Range Number R 05 W									
Distance and direction from nearest town or city street address of well if located within city? 2003 S. Lorraine, Hutchinson – Middle of parking lot														
2 WATER WELL OWNER: RR#, St. Address, Box # : City, State, ZIP Code :		Big M Truck Stop Rt 2, Box 98 St. John, KS 67502												
Board of Agriculture, Division of Water Resources Application Number:														
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: <div style="text-align: center; margin-top: 10px;">1 Mile W <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td>X</td></tr><tr><td>NW</td><td></td><td>NE</td></tr><tr><td>SW</td><td></td><td>SE</td></tr></table> E S</div>				X	NW		NE	SW		SE	4 DEPTH OF COMPLETED WELL 13 ft. ELEVATION: 1514.97 (TOC) Depth(s) Groundwater Encountered 1 8 ft. 2 _____ ft. 3 _____ ft. WELL'S STATIC WATER LEVEL 7.93 ft. below land surface measured on mo/day/yr 2-7-06 Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm Est. Yield _____ gpm: Well water was _____ ft. after _____ hours pumping _____ gpm Bore Hole Diameter 8.5 in. to 13 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 X If yes, mo/day/yr sample was submitted _____ Water Well Disinfected? Yes _____ No X			
		X												
NW		NE												
SW		SE												
5 TYPE OF BLANK CASING USED: 1 Steel 3 RMP (SR) 2 PVC 4 ABS Blank casing diameter 2 in. to 3 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft. Casing height above land surface Flushmount in., weight 0.703 lbs./ft. Wall thickness or gauge No. Sch. 40		5 Wrought iron 8 Concrete tile CASING JOINTS: Glued _____ Clamped _____ 6 Asbestos-Cement 9 Other (specify below) Welded _____ 7 Fiberglass _____ Threaded Flush												
TYPE OF SCREEN OR PERFORATION MATERIAL: 1 Steel 3 Stainless steel 5 Fiberglass 2 Brass 4 Galvanized steel 6 Concrete tile SCREEN OR PERFORATION OPENINGS ARE: 1 Continuous slot 3 Mill slot 6 Wire wrapped 2 Louvered shutter 4 Key punched 7 Torch cut		7 PVC 10 Asbestos-cement 8 RMP (SR) 11 Other (specify) _____ 9 ABS 12 None used (open hole) _____ 8 Saw cut 11 None (open hole) _____ 10 Other (specify) _____												
SCREEN-PERFORATED INTERVALS: From 3 ft. to 13 ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.														
GRAVEL PACK INTERVALS: From 2 ft. to 13 ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.														
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other Concrete Grout intervals From 0 ft. to 0.5 ft. From 0.5 ft. to 2 ft. From _____ ft. to _____ ft.														
What is the nearest source of possible contamination: 1 Septic tank 4 Lateral lines 7 Pit privy 2 Sewer lines 5 Cess pool 8 Sewage lagoon 3 Watertight sewer lines 6 Seepage pit 9 Feedyard		10 Livestock pens 14 Abandoned water well 11 Fuel storage 15 Oil well/ Gas well 12 Fertilizer storage 16 Other (specify below) _____ 13 Insecticide storage _____												
Direction from well?		How many feet?												
FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS								
0	0.5		Gravel & Fill Sand											
0.5	5	SP	Sand, trace silt, dark brown, loose, very fine to fine grained											
5	13	SP	Sand, tan-green, loose, very fine to fine grained											
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) 2-26-03 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 531 This Water Well Record was completed on (mo/day/yr) _____ under the business name of Geotechnical 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.														