

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number																												
County: Reno		NE 1/4 NE 1/4 NE 1/4	30	23S	05W																												
Distance and direction from nearest town or city street address of well if located within city? 2001 S. Lorraine, Hutchinson – SE corner of property																																	
2 WATER WELL OWNER: Big M Truck Stop																																	
RR#, St. Address, Box #: Rt 2, Box 98			Board of Agriculture, Division of Water Resources																														
City, State, ZIP Code: St. John, KS 67502			Application Number:																														
3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF WELL 12.58 ft.																															
<div style="text-align: center;">N</div> <table border="1" style="margin: auto; border-collapse: collapse;"><tr><td></td><td></td><td style="text-align: right;">X</td></tr><tr><td style="text-align: center;">NW</td><td style="text-align: center;">NE</td><td></td></tr><tr><td></td><td></td><td></td></tr><tr><td style="text-align: center;">SW</td><td style="text-align: center;">SE</td><td></td></tr></table> <div style="text-align: center;">S</div> <div style="display: flex; justify-content: space-between; width: 100px; margin-top: 5px;">WE</div>				X	NW	NE					SW	SE		WELL'S STATIC WATER LEVEL 7.58 ft.																			
				X																													
		NW	NE																														
SW	SE																																
WELL WAS USED AS:																																	
<div style="display: flex; justify-content: space-between;"><div>1 Domestic 2 Irrigation 3 Feedlot 4 Industrial</div><div>5 Public Water Supply 6 Oil Field Water Supply 7 Lawn and Garden (domestic) 8 Air Conditioning</div><div>9 Dewatering 10 Monitoring Well 11 Injection Well 12 Other</div></div>																																	
Was a chemical/bacteriological sample submitted to Department? If yes, mo/day/yr sample was submitted				Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>																													
5 TYPE OF BLANK CASING USED:		Water Well Disinfected: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>																															
1 Steel 2 PVC		3 RMP (SR) 4 ABC																															
5 Wrought 6 Asbestos-Cement		7 Fiberglass 8 Concrete Tile																															
9 Other (specify below)																																	
Blank casing diameter 2 in.		Was casing pulled? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, how much 12.58 ft																															
Casing height above or below land surface _____ in.																																	
6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____																																	
Grout Plug Intervals From 12.58 ft. to 0.5 ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.																																	
What is the nearest source of possible contamination:																																	
<div style="display: flex; flex-wrap: wrap;"><div style="width: 33%;">1 Septic tank</div><div style="width: 33%;">6 Seepage pit</div><div style="width: 33%;">11 Fuel storage</div><div style="width: 33%;">16 Other (specify below)</div><div style="width: 33%;">2 Sewer lines</div><div style="width: 33%;">7 Pit privy</div><div style="width: 33%;">12 Fertilizer storage</div><div style="width: 33%;">3 Watertight sewer lines</div><div style="width: 33%;">8 Sewage lagoon</div><div style="width: 33%;">13 Insecticide storage</div><div style="width: 33%;">4 Lateral lines</div><div style="width: 33%;">9 Feedyard</div><div style="width: 33%;">14 Abandoned water well</div><div style="width: 33%;">5 Cess Pool</div><div style="width: 33%;">10 Livestock pens</div><div style="width: 33%;">15 Oil well/ Gas well</div></div>																																	
Direction from well? _____ How many feet? _____																																	
<table border="1" style="width:100%; border-collapse: collapse;"><thead><tr><th>FROM</th><th>TO</th><th>CODE</th><th>PLUGGING MATERIALS</th></tr></thead><tbody><tr><td>0</td><td>0.5</td><td></td><td>Native Backfill</td></tr><tr><td>0.5</td><td>12.58</td><td></td><td>Bentonite 250 lbs.</td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td>Overdrilled to 12.58 feet</td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr></tbody></table>						FROM	TO	CODE	PLUGGING MATERIALS	0	0.5		Native Backfill	0.5	12.58		Bentonite 250 lbs.								Overdrilled to 12.58 feet								
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7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/yr) 8/10/06 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) 8/11/06 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 66620-0001. Telephone: 785-296-3565. Send one to Water Well Owner and retain one for your records.																																	