

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County:	Reno	NE SW NE W	16	T 23 S	R 5 W

Distance and direction from nearest town or city street address of well if located within city?
Approx. 1970' E, 405' S of intersection of Kirby St. and Leonard Ave. – Hutchinson

2 WATER WELL OWNER: Groendyke Transport, V&M Transport, Inc.	
RR#, St. Address, Box # : 2701 E. 4th Ave.	Board of Agriculture, Division of Water Resources
City, State, ZIP Code : Hutchinson, KS 67501	Application Number:

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:

4 DEPTH OF COMPLETED WELL _____ ft. **ELEVATION:** **1518.71 (TOC)**

Depth(s) Groundwater Encountered 1 _____ ft. 2 _____ ft. 3 _____ ft.

WELL'S STATIC WATER LEVEL **10.45** ft. below land surface measured on mo/day/yr **05/30/12**

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 **8.25** in. to **20** 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**

5 TYPE OF BLANK CASING USED:

1 Steel	3 RMP (SR)	5 Wrought Iron	8 Concrete tile	CASING JOINTS: Glued _____ Clamped _____
2 PVC	4 ABS	6 Asbestos-Cement	9 Other (specify below) _____	_____ Welded _____
		7 Fiberglass		Threaded Flush

Blank casing diameter _____ in. Dia _____ ft., weight _____ lbs./ft. Wall thickness or gauge No. **SCH. 40**

Casing height above land surface **30** in., weight **0.703** lbs./ft.

TYPE OF SCREEN OR PERFORATION MATERIAL:

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:

1 Continuous slot	3 Mill slot	5 Gauzed wrapped	8 Saw cut	11 None (open hole)
2 Louvered shutter	4 Key punched	6 Wire wrapped	9 Drilled holes	
		7 Torch cut	10 Other (specify) _____	

SCREEN-PERFORATED INTERVALS:

From _____ ft. to _____ ft.	From _____ ft. to _____ ft.
GRAVEL PACK INTERVALS: From 5.5 ft. to 20 ft.	From _____ ft. to _____ ft.

6 GROUT MATERIAL:

1 Neat cement	2 Cement grout	3 Bentonite	4 Other _____
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Grout Intervals From **0.5** ft. to **5.5** ft.

What is the nearest source of possible contamination:

1 Septic tank	4 Lateral lines	7 Pit privy	10 Livestock pens	14 Abandoned water well
2 Sewer lines	5 Cess pool	8 Sewage lagoon	11 Fuel storage	15 Oil well/ Gas well
3 Watertight sewer lines	6 Seepage pit	9 Feedyard	12 Fertilizer storage	16 Other (specify below) _____
			13 Insecticide storage	

Direction from well? _____ How many feet? _____

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	2	Silty Clay, brown			
2	10	Sand, well sorted, tan to brown, fine grained			
10	20	Sand, poorly sorted, fine to coarse grained			

Survey: NAD83, SPC 1502 KS south
Northing: 1817638.93
Easting: 1493230.98

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) **10/01/12** 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) **10/11/12** under the business name of **GSI Engineering, LLC** 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.