

LOCATION OF WATER WELL: Fraction **NW 1/4 SE 1/4 NW 1/4** Section Number **15** Township Number **T 23 S** Range Number **R 7 E**  
 County: **Butler**

Distance and direction from nearest town or city? **Cassoday ks 1W 3/4 N** Street address of well if located within city?

WATER WELL OWNER: **Dale Remsberg** Board of Agriculture, Division of Water Resources  
 RR#, St. Address, Box #: **RR Cassoday ks** Application Number: **NA**  
 City, State, ZIP Code

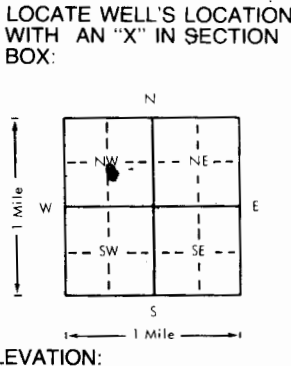
DEPTH OF COMPLETED WELL: **76** ft. Bore Hole Diameter: **12"** in. to **76** ft., and ... in. to ... ft.  
 Well Water to be used as:  
 1 Domestic 3 Feedlot 5 Public water supply 8 Air conditioning 11 Injection well  
 2 Irrigation 4 Industrial 6 Oil field water supply 9 Dewatering 12 Other (Specify below)  
 7 Lawn and garden **Stock water** 10 Observation well  
 Well's static water level: **16'** ft. below land surface measured on **3** month **17** day **1980** year  
 Pump Test Data: Well water was ... ft. after ... hours pumping ... gpm  
 Est. Yield: **1** gpm Well water was ... ft. after ... hours pumping ... gpm

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  
 Blank casing dia: **8"** in. to ... ft., Dia **10"** in. to **76** ft., Dia ... in. to ... ft.  
 Casing height above land surface: **12"** in., weight ... lbs./ft. Wall thickness or gauge No. **3/8**

TYPE OF SCREEN OR PERFORATION MATERIAL:  
 1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 10 Asbestos-cement  
 2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 11 Other (specify)  
 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-Perforation Dia: **10"** in. to ... ft., Dia **66"** in. to ... ft., Dia ... in. to ... ft.  
 Screen-Perforated Intervals: From **19'** ft. to **66'** ft., From ... ft. to ... ft.  
 Gravel Pack Intervals: From **17** ft. to **76** ft., From ... ft. to ... ft.

GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other  
 Grouted Intervals: From **17'** ft. to **10'** ft., From **3'** ft. to **10'** ft., From ... ft. to ... ft.  
 What is the nearest source of possible contamination: **Neat Cement Grout**  
 1 Septic tank 4 Cess pool 7 Sewage lagoon 11 Fertilizer storage 14 Abandoned water well  
 2 Sewer lines 5 Seepage pit 8 Feed yard 12 Insecticide storage 15 Oil well/Gas well  
 3 Lateral lines 6 Pit privy 9 Livestock pens 13 Watertight sewer lines 16 Other (specify below)  
 Direction from well: **West** How many feet: **200'** Water Well Disinfected? Yes  No  
 Has a chemical/bacteriological sample submitted to Department? Yes  No  
 Date submitted: ... month ... day ... year Pump Installed? Yes  No  
 Yes: Pump Manufacturer's name ... Model No. ... HP ... Volts  
 Depth of Pump Intake ... ft. Pumps Capacity rated at ... gal./min.  
 Type of pump: 1 Submersible 2 Turbine 3 Jet 4 Centrifugal 5 Reciprocating 6 Other

CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on **3** month **17** day **1980** year  
 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **203**  
 This Water Well Record was completed on **3** month **19** day **1980** year under the business name of **McNee Drilling** by (signature) **McNee**



LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:	FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
	0	5	CL Red			
	5	20	Lime Clean - Butt			
	20	23	Red Sh			
	23	30	Lime Sh - Lens Butt			
	30	32	Dense Lime H <sub>2</sub> O			
	32	45	Lime + Silt Stone			
	45	47	Chert Band			
	47	54	Lime Dense Gray			
	54	76	Sh Venigated R+G			
			Hard at 76' TD			

Depth(s) Groundwater Encountered 1 **30-32** ft. 2 ... ft. 3 ... ft. 4 ... ft. (Use a second sheet if needed)

INSTRUCTIONS: Use typewriter or ball point pen, please press firmly and PRINT clearly. Please fill in blanks, underline or circle the correct answers. Send top three copies to Kansas Department of Health and Environment, Division of Environment, Water Well Contractors, Topeka, KS 66620. Send one to WATER WELL OWNER and retain one for your records.

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