

1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: Butler	SE ¼ SW ¼ NW ¼	18	T 24 S	R 3 E

Distance and direction from nearest town or city street address of well if located within city?
102 N. Main, Whitewater

2 WATER WELL OWNER: **DJ's Service and Repair**
 RR#, St. Address, Box # : **102 N. Main** Board of Agriculture, Division of Water Resources
 City, State, ZIP Code : **Whitewater, KS 67154** Application Number:

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4 DEPTH OF COMPLETED WELL
	_____ 25 ft. ELEVATION: _____ 1360.73 (TOC) Depth(s) Groundwater Encountered 1 _____ 10.27 ft. 2 _____ ft. 3 _____ ft. WELL'S STATIC WATER LEVEL _____ 10.24 ft. below land surface measured on mo/day/yr _____ 01/17/08 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 _____ 25 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)	6 Asbestos-Cement	9 Other (specify below)	CASING JOINTS: Glued _____ Clamped _____
2 PVC	4 ABS	7 Fiberglass		Welded _____

Blank casing diameter _____ **2** in. to _____ **10** in. 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**

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 _____ **10** ft. to _____ **25** ft. From _____ ft. to _____ ft.
 From _____ ft. to _____ ft. From _____ ft. to _____ ft.
 GRAVEL PACK INTERVALS: From _____ **8** ft. to _____ **25** 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 _____

Grout Intervals From _____ **1** ft. to _____ **8** ft. From _____ ft. to _____ ft. From _____ ft. to _____ 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	CODE	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	25		Clay, brown, with crystalline calcium carbonate from 5' to 10', and fine sand from 10' to 25'			

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) _____ **01/31/08** 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) _____ **02/22/08** under the business name of _____ **Geotechnical Services Inc.** by (signature) _____ *[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.

OFFICE USE ONLY

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