

LOCATION OF WATER WELL	Fraction	Section Number	Township Number	Range Number
County: BUTLER	CorNW 1/4 SE 1/4 NW 1/4	18	T 24 S	R 3 EW

Distance and direction from nearest town or city? _____ Street address of well if located within city? **712 E 1st - Whitewater, Ks.**

WATER WELL OWNER: **CHARLES EBERHARD**
 RR#, St. Address, Box #: **712 E 1st**
 City, State, ZIP Code: **NEEDHAM, MO. WHITEWATER, Ks.**
 Board of Agriculture, Division of Water Resources
 Application Number: _____

DEPTH OF COMPLETED WELL: **74** ft. Bore Hole Diameter: **8** in. to **74** 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 only 10 Observation well

Well's static water level: **20** ft. below land surface measured on **May** month **18** day **1981** year
 Pump Test Data: Well water was **25** ft. after **1** hours pumping. **15** gpm
 Est. Yield **15** 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 **X**
 7 Fiberglass **SDK 26** Threaded _____

Blank casing dia: **5** in. to **74** ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.

Casing height above land surface: **18** in., weight **220** lbs./ft. Wall thickness or gauge No. **3/16**

TYPE OF SCREEN OR PERFORATION MATERIAL:
 1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 11 Other (specify) **SDK 26**
 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

Screen-Perforation Dia: _____ in. to _____ ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.

Screen-Perforated Intervals:
 From **20** ft. to **40** ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.
 From **60** ft. to **70** ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.

Gravel Pack Intervals:
 From _____ ft. to _____ ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.

5] GROUT MATERIAL: **1** Neat cement 2 Cement grout 3 Bentonite 4 Other _____
 Grouted Intervals: From **top** ft. to **10** ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.

What is the nearest source of possible contamination:
 1 Septic tank 4 Cess pool 7 Sewage lagoon 10 Fuel storage 14 Abandoned water well
 2 Sewer lines 5 Seepage pit 8 Feed yard 11 Fertilizer storage 15 Oil well/Gas well
 3 Lateral lines 6 Pit privy 9 Livestock pens 12 Insecticide storage 16 Other (specify below) **RAVINE**
 13 Watertight sewer lines

Direction from well: **Northwest** How many feet **200** ? Water Well Disinfected? Yes No _____

Has a chemical/bacteriological sample submitted to Department? Yes _____ No If yes, date sample was submitted _____ month _____ day _____ year: Pump Installed? Yes No _____

If Yes: Pump Manufacturer's name: **Gould Mfg Co.** Model No. **1025 054** HP **1/2** Volts **115**
 Depth of Pump Intake: **64** ft. Pumps Capacity rated at **12** 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 **May** month **22** day **1981** year.

And this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **221**

This Water Well Record was completed on **March** month **3** day **1982** year under the business name of **Frank Budde** by (signature) **Frank Budde**

LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:	FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
	0	3	Top soil			
	3	20	Brown clay			
	20	40	Sandy Brown clay			
	40	60	Blue shale			
	60	62	Limestone			
	62	74	Blue shale			

ELEVATION: _____

Depth(s) Groundwater Encountered 1. **20** ft. 2. **60** 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.

OFFICE USE ONLY

T

21

R

3

EW

SEC

18

C

1/4

SE

1/4

NW