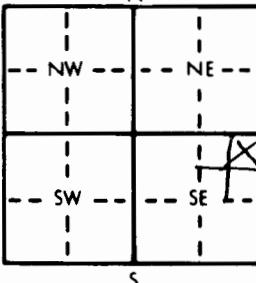


## WATER WELL RECORD Form WWC-5 KSA 82a-1212

1 LOCATION OF WATER WELL:	Fraction County: <i>Butler</i>	NE $\frac{1}{4}$ NE $\frac{1}{4}$ SE $\frac{1}{4}$	Section Number Distance and direction from nearest town or city street address of well if located within city? <i>4-5 1-1/2 NE of Towanda Kan</i>	Township Number T 26 S	Range Number R 3 (NW)
2 WATER WELL OWNER:	<i>Robertta Williams S. Benton Kan</i>				
RR#, St. Address, Box #	2441 S.W. Butler Rd 67017				
City, State, ZIP Code	Board of Agriculture, Division of Water Resources Application Number:				
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:					
4 DEPTH OF COMPLETED WELL: 125 ft. ELEVATION: ..... ft. Depth(s) Groundwater Encountered: 1895 ft. 2. ..... ft. 3. ..... ft. WELL'S STATIC WATER LEVEL: 50 ft. below land surface measured on mo/day/yr Pump test data: Well water was ..... ft. after ..... hours pumping ..... gpm Est. Yield: 50 gpm. Well water was ..... ft. after ..... hours pumping ..... gpm Bore Hole Diameter: 9.5 in. to ..... ft., and ..... in. to ..... ft. WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well 12 Other (Specify below) 1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 2 Irrigation 4 Industrial 7 Lawn and garden only 10 Monitoring well Was a chemical/bacteriological sample submitted to Department? Yes ..... No ..... If yes, mo/day/yr sample was submitted Water Well Disinfected? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
5 TYPE OF BLANK CASING USED:	1 Steel	3 RMP (SR)	5 Wrought iron	8 Concrete tile	CASING JOINTS: Glued <input checked="" type="checkbox"/> Clamped ..... Welded ..... Threaded .....
	2 PVC	4 ABS	6 Asbestos-Cement	9 Other (specify below)	
Blank casing diameter	5	in. to 70	7 Fiberglass		
Casing height above land surface	18	in., weight	100	lbs./ft. Wall thickness or gauge No.	214
TYPE OF SCREEN OR PERFORATION MATERIAL:	1 Steel	3 Stainless steel	5 Fiberglass	7 PVC	10 Asbestos-cement
	2 Brass	4 Galvanized steel	6 Concrete tile	8 RMP (SR)	11 Other (specify) .....
SCREEN OR PERFORATION OPENINGS ARE:	1 Continuous slot	3 Mill slot	5 Gauzed wrapped	9 ABS	12 None used (open hole) .....
	2 Louvered shutter	4 Key punched	6 Wire wrapped		
SCREEN-PERFORATED INTERVALS:	From: 70	ft. to 125	7 Torch cut	8 Saw cut	11 None (open hole) ..... ft. to ..... ft.
	From: .....	ft. to .....		9 Drilled holes	
GRAVEL PACK INTERVALS:	From: .....	ft. to .....	10 Other (specify) ..... ft. to ..... ft.		
	From: .....	ft. to .....			
6 GROUT MATERIAL:	1 Neat cement	2 Cement grout	3 Bentonite	4 Other .....	
Grout Intervals:	From: 0	ft. to 23	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) .....
Direction from well?	SE How many feet? 125				
FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	3	SOIL			
3	10	Clay			
10	16	Rock			
16	125	Shale & lime			
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/year) 11/17/95 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 251 This Water Well Record was completed on (mo/day/yr) 11/14/96 by (signature) <i>Charles Winter</i>				

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, Bureau of Water, Topeka, Kansas 66620-0001. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.