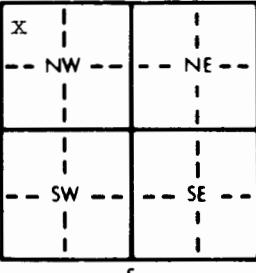
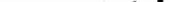


1 LOCATION OF WATER WELL:		Fraction County: Butler nw 1/4	Section Number nw 1/4 hw 1/4 17	Township Number T 26 S	Range Number R 3e E/W
Distance and direction from nearest town or city street address of well if located within city? One mile west of Benton, KS on K-254 * Monitor Well #6 (See attached map)					
2 WATER WELL OWNER:		KDOT, Attn: Kevin Adams, Bureau of Design RR#, St. Address, Box # : Docking State Office Bldg.		Board of Agriculture, Division of Water Resources Application Number: none	
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL . . . . . 24 ft. ELEVATION: . . . . . na			
Mile			Depth(s) Groundwater Encountered 1. . . . . 14.6 ft. 2. . . . . ft. 3. . . . . ft.		
			WELL'S STATIC WATER LEVEL . . . . . 14.6 ft. below land surface measured on mo/day/yr		
		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 . . . . . 3.5 in. to . . . . . WTD . . . . . ft., and . . . . . in. to . . . . . ft.			
		WELL WATER TO BE USED AS: 10 Public water supply 8 Air conditioning 11 Injection well			
		1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)			
		2 Irrigation 4 Industrial 7 Lawn and garden only 10 Monitoring well			
		Was a chemical/bacteriological sample submitted to Department? Yes . . . . . No <input checked="" type="checkbox"/> If yes, mo/day/yr sample was submitted			
		Water Well Disinfected? Yes <input checked="" type="checkbox"/> No			
5 TYPE OF BLANK CASING USED: 2		5 Wrought iron 1 Steel 2 PVC	8 Concrete tile 6 Asbestos-Cement 7 Fiberglass	CASING JOINTS: Glued . . . . . Clamped . . . . .	
		9 Other (specify below)		Welded . . . . . Threaded. <input checked="" type="checkbox"/>	
Blank casing diameter . . . . . 2 in. to . . . . . 14 ft., Dia . . . . . in. to . . . . . ft., Dia . . . . . in. to . . . . . ft.					
Casing height above land surface . . . . . 36 in., weight . . . . . lbs./ft. Wall thickness or gauge No. . . . .					
TYPE OF SCREEN OR PERFORATION MATERIAL: 3		7 PVC 5 Fiberglass 6 Concrete tile	10 Asbestos-cement 11 Other (specify)		
		5 Gauzed wrapped 6 Wire wrapped 7 Torch cut	12 None used (open hole)		
SCREEN OR PERFORATION OPENINGS ARE: 3		8 Saw cut 9 Drilled holes 10 Other (specify)	11 None (open hole)		
1 Continuous slot 2 Louvered shutter		3 Mill slot 4 Key punched			
SCREEN-PERFORATED INTERVALS: From . . . . . 24 ft. to . . . . . 14 ft., From . . . . . ft. to . . . . . ft.					
From . . . . . ft. to . . . . . ft., From . . . . . ft. to . . . . . ft.					
GRAVEL PACK INTERVALS: From . . . . . 24 ft. to . . . . . 13 ft., From . . . . . ft. to . . . . . ft.					
From . . . . . ft. to . . . . . ft., From . . . . . ft. to . . . . . ft.					
6 GROUT MATERIAL: 3		1 Neat cement Grout Intervals: From . . . . . 13 ft. to . . . . . surface ft., From . . . . . ft. to . . . . . ft., From . . . . . ft. to . . . . . ft.	2 Cement grout 10 Livestock pens 11 Fuel storage 12 Fertilizer storage 13 Insecticide storage	4 Other . . . . . 14 Abandoned water well 15 Oil well/Gas well 16 Other (specify below)	
		7 Pit privy 8 Sewage lagoon 9 Feedyard	UST excavation . . . . . (See attached map)		
What is the nearest source of possible contamination:			How many feet?		
1 Septic tank 2 Sewer lines 3 Watertight sewer lines		4 Lateral lines 5 Cess pool 6 Seepage pit			
Direction from well?					
FROM TO LITHOLOGIC LOG			FROM	TO	PLUGGING INTERVALS
0	4	Topsoil	0	13	Bentonite
4	15	Clay	13	24	Chlorinated sand
15	24	Sandy, wet clay			
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was					

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) 4/19/96 and this record is true to the best of my knowledge and belief. Kansas

Water Well Contractor's License No. .... This Water Well Record was completed on (mo/day/yr) .... 5/31/96 ....  
under the business name of Kansas Dept. of Transportation by (signature) 

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.