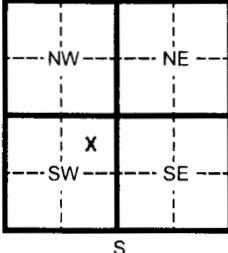
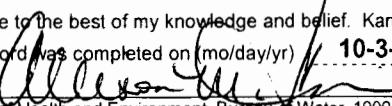


| | | | | | | | | | |
|--|--|--|--|--|--------|-------------------------|--------------|------------------------------|--|
| 1 LOCATION OF WATER WELL: | | Fraction County: Butler | NE $\frac{1}{4}$ NE $\frac{1}{4}$ SW $\frac{1}{4}$ | Section Number 16 | T 26 S | R 3 E | Range Number | | |
| Distance and direction from nearest town or city street address of well if located within city? 111 S. Main, Benton | | | | | | | | | |
| 2 WATER WELL OWNER: KDHE RR#, St. Address, Box # : 1000 SW Jackson, Ste. 410 City, State, ZIP Code : Topeka, KS 66612 | | | | Board of Agriculture, Division of Water Resources Application Number: | | | | | |
| 3 LOCATE WELL'S LOCATON WITH AN "X" IN SECTION BOX: | | 4 DEPTH OF COMPLETED WELL | | 45 ft. ELEVATION: 1374.68 (TOC) | | | | | |
|  | | Depth(s) Groundwater Encountered 1 35.3 ft. 2 ft. 3 ft. | | | | | | | |
| | | WELL'S STATIC WATER LEVEL | | 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 8.5 in. to 45 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 <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, mo/day/yr sample was submitted | | | | | | | | | |
| Water Well Disinfected? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | | | | | | | | |
| 5 TYPE OF BLANK CASING USED: | | | | CASING JOINTS: Glued Clamped | | | | | |
| 1 Steel | | 3 RMP (SR) | | 6 Asbestos-Cement | | 9 Other (specify below) | | Welded | |
| 2 PVC | | 4 ABS | | 7 Fiberglass | | | | Threaded Flush | |
| Blank casing diameter 2 in. to 25 ft. 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 | | 10 Other (specify) | |
| SCREEN-PERFORATED INTERVALS: | | From 25 ft. to 45 | | | | ft. From | | ft. to ft. | |
| | | From ft. to ft. | | | | ft. From | | ft. to ft. | |
| GRAVEL PACK INTERVALS: | | From 22.5 ft. to 45 | | | | ft. From | | ft. to ft. | |
| | | From ft. to ft. | | | | ft. From | | ft. to ft. | |
| 6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other | | | | | | | | | |
| Grout Intervals From 0.5 ft. to 22.5 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) | |
| How many feet? | | | | | | | | | |
| 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) 09/25/07 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) 10-3-07 under the business name of Geotechnical Services Inc. by (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. | | | | | | | | | |