

1 LOCATION OF WATER WELL		Fraction		Section Number		Township Number		Range Number					
County: <b>BUTLER</b>		<b>NE 1/4 NW 1/4 NW 1/4</b>		<b>25</b>		<b>T 26 S</b>		<b>R 3 EW</b>					
Distance and direction from nearest town or city? <b>FROM BENTON 2.5 MILES EAST ON (254) SOUTH 2 MILES EAST 1.5 MILES SOUTH SIDE OF ROAD</b>					Street address of well if located within city?								
2 WATER WELL OWNER: <b>KELLY KIMBREL</b>					Board of Agriculture, Division of Water Resources								
RR#, St. Address, Box #: <b>149 N. GLENN</b>					Application Number:								
City, State, ZIP Code: <b>WICHITA KS</b>													
3 DEPTH OF COMPLETED WELL: <b>90</b> ft. Bore Hole Diameter: <b>10</b> in. to <b>90</b> 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: <b>58</b> ft. below land surface measured on _____ month <b>19</b> day <b>83</b> year													
Pump Test Data: Well water was _____ ft. after _____ hours pumping _____ gpm													
Est. Yield: <b>12.54</b> gpm; Well water was _____ ft. after _____ hours pumping _____ gpm													
4 TYPE OF BLANK CASING USED:													
1 Steel		3 RMP (SR)		5 Wrought iron		8 Concrete tile		Casing Joints: Glued <input checked="" type="checkbox"/> Clamped _____					
2 PVC		4 ABS		6 Asbestos-Cement		9 Other (specify below)		Welded _____					
				7 Fiberglass				Threaded _____					
Blank casing dia: <b>5</b> in. to <b>58</b> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.													
Casing height above land surface: <b>18</b> in., weight <b>160</b> lbs./ft. Wall thickness or gauge No _____													
TYPE OF SCREEN OR PERFORATION MATERIAL:													
1 Steel		3 Stainless steel		5 Fiberglass		8 RMP (SR)		10 Asbestos-cement					
2 Brass		4 Galvanized steel		6 Concrete tile		9 ABS		11 Other (specify) _____					
								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-Perforation Dia: <b>5</b> in. to <b>90</b> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.													
Screen-Perforated Intervals: From <b>58</b> ft. to <b>90</b> 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 <b>3.5</b> ft. to <b>14</b> 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)					
Direction from well: <b>TO BE INSTALLED PER BUTLER CO. ZONING</b> Water Well Disinfected? Yes <input checked="" type="checkbox"/> No _____													
Was a chemical/bacteriological sample submitted to Department? Yes _____ No <input checked="" type="checkbox"/> If yes, date sample was submitted _____ month _____ day _____ year: Pump Installed? Yes _____ No <input checked="" type="checkbox"/>													
If Yes: Pump Manufacturer's name _____ Model No. _____ HP _____ Volts _____													
Depth of Pump Intake _____ ft. Pumps Capacity rated at _____ gal./min.													
Type of pump: 1 Submersible 2 Turbine 3 Jet 4 Centrifugal 5 Reciprocating 6 Other _____													
6 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <input checked="" type="checkbox"/> constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on _____ month <b>8</b> day <b>22</b> year <b>83</b>													
and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <b>279</b>													
This Water Well Record was completed on _____ month <b>8</b> day <b>22</b> year <b>83</b> under the business name of <b>FUDGE DRILLING</b> by (signature) <i>Melvin R. Fudge</i>													
7 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:													
		FROM		TO		LITHOLOGIC LOG		FROM		TO		LITHOLOGIC LOG	
		0		4		TOP SOIL & SHALE		55		54		LIGHT GRAY LIMESTONE	
		4		22		YELLOW GRAY SHALE		56		63		YELLOW GRAY SHALE	
						LIMESTONE		63		44		GRAY SHALE	
		22		24		YELLOW GRAY SHALE		64		67		GRAY LIMESTONE	
		24		43		GRAY, YELLOW GRAY SHALE		67		73		GRAY FISSAL SHALE	
		43		47		LAVENDER SHALE		73		76		YELLOW GRAY SHALE	
		47		55		GREENISH GRAY SHALE		76		84 1/2		YELLOW GRAY LIMESTONE	
						WITH LAVENDER SHALE		84 1/2		89		GRAY SHALE	
						INCLUSIONS GRADING		89		90		DARK GRAY SHALE	
						DOWNWARD TO YELLOW							
						GRAY SHALE							
ELEVATION:													
Depth(s) Groundwater Encountered 1. <b>76</b> ft. 2. _____ 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.