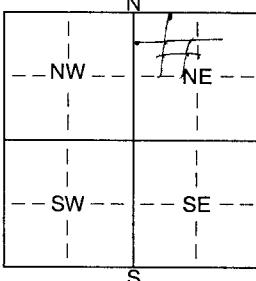


1 LOCATION OF WATER WELL:		Fraction County: Butler	Section Number SE $\frac{1}{4}$ NW $\frac{1}{4}$ NE $\frac{1}{4}$	Township Number T 26 S R 40 E	Range Number EN		
Distance and direction from nearest town or city street address of well if located within city? 15 miles N of Augusta							
2 WATER WELL OWNER:		JEFF Shephard 735 SW Terrace Augusta KS				Board of Agriculture, Division of Water Resources	
RR#, St. Address, Box #:		<del>801 Anna St</del> 64010				Application Number:	
City, State, ZIP Code:							
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:						4 DEPTH OF COMPLETED WELL: 16 ft. ELEVATION: 140 ft.	
		Depth(s) Groundwater Encountered 1 65 ft. below land surface measured on mo/day/yr WELL'S STATIC WATER LEVEL 45 ft.					
		Pump test data: Well water was ..... ft. after ..... hours pumping ..... gpm Est. Yield 30 gpm; Well water was ..... ft. after ..... hours pumping ..... gpm Bore Hole Diameter 7.5 in. to ..... ft. and ..... in. to ..... ft.					
		E WELL WATER TO BE USED AS: 5 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 Domestic (lawn & garden) 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 <input type="checkbox"/>	
5 TYPE OF BLANK CASING USED:		1 Steel <input checked="" type="checkbox"/>	3 RMP (SR) <input type="checkbox"/>	5 Wrought iron <input type="checkbox"/>	6 Asbestos-Cement <input type="checkbox"/>	8 Concrete tile <input type="checkbox"/>	CASING JOINTS: Glued. <input checked="" type="checkbox"/> Clamped. <input type="checkbox"/>
		2 PVC <input checked="" type="checkbox"/>	4 ABS <input type="checkbox"/>	7 Fiberglass <input type="checkbox"/>	9 Other (specify below)		Welded <input type="checkbox"/>
		Blank casing diameter ..... in. to ..... ft., Dia ..... in. to ..... ft., Dia ..... in. to ..... ft.					Threaded <input type="checkbox"/>
		Casing height above land surface 18 in., weight 160 lbs./ft. Wall thickness or gauge No. 214					
TYPE OF SCREEN OR PERFORATION MATERIAL:		1 Steel <input type="checkbox"/>	3 Stainless steel <input type="checkbox"/>	5 Fiberglass <input type="checkbox"/>	6 Concrete tile <input type="checkbox"/>	7 PVC <input checked="" type="checkbox"/>	10 Asbestos-cement <input type="checkbox"/>
		2 Brass <input type="checkbox"/>	4 Galvanized steel <input type="checkbox"/>	8 RMP (SR) <input type="checkbox"/>	9 ABS <input type="checkbox"/>	11 Other (specify) <input type="checkbox"/>	12 None used (open hole) <input type="checkbox"/>
SCREEN OR PERFORATION OPENINGS ARE:		1 Continuous slot <input type="checkbox"/>	3 Mill slot <input type="checkbox"/>	5 Gauzed wrapped <input type="checkbox"/>	6 Wire wrapped <input type="checkbox"/>	8 Saw cut <input type="checkbox"/>	11 None (open hole) <input type="checkbox"/>
		2 Louvered shutter <input type="checkbox"/>	4 Key punched <input type="checkbox"/>	7 Torch cut <input type="checkbox"/>	9 Drilled holes <input type="checkbox"/>	10 Other (specify) <input type="checkbox"/>	
SCREEN-PERFORATED INTERVALS: From. 50 ft. to 167 ft. From. ft. to ft. From. ft. to ft.							
GRAVEL PACK INTERVALS: From. ft. to ft. From. ft. to ft. From. ft. to ft.							
6 GROUT MATERIAL: 1 Neat cement <input type="checkbox"/> 2 Cement grout <input type="checkbox"/> 3 Bentonite <input type="checkbox"/> 4 Other <input type="checkbox"/>							
Grout Intervals: From. 3 ft. to 23 ft., From. ft. to ft., From. ft. to ft.							
What is the nearest source of possible contamination:		1 Septic tank <input type="checkbox"/>	4 Lateral lines <input type="checkbox"/>	7 Pit privy <input type="checkbox"/>	10 Livestock pens <input type="checkbox"/>	14 Abandoned water well <input type="checkbox"/>	
		2 Sewer lines <input type="checkbox"/>	5 Cess pool <input type="checkbox"/>	8 Sewage lagoon <input type="checkbox"/>	11 Fuel storage <input type="checkbox"/>	15 Oil well/Gas well <input type="checkbox"/>	
		3 Watertight sewer lines <input type="checkbox"/>	6 Seepage pit <input type="checkbox"/>	9 Feedyard <input type="checkbox"/>	12 Fertilizer storage <input type="checkbox"/>	16 Other (specify below) <input type="checkbox"/>	
Direction from well? N E		How many feet? 400					
FROM	TO	LITHOLOGIC LOG		FROM	TO	PLUGGING INTERVALS	
0	3	Soil					
3	18	Clay					
18	52	Rock					
52	167	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) 8/27/02 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's Licence No. 251 This Water Well Record was completed on (mo/day/yr) 8/26/02 by (signature) Charles Weston							

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 785-296-5524. Send one to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well.