

|   |  |                                      |  |  |  |                               |  |                                |  |
|---|--|--------------------------------------|--|--|--|-------------------------------|--|--------------------------------|--|
| 1 LOCATION OF WATER WELL  |  | Fraction <u>SE 1/4 SW 1/4 SE 1/4</u> |  | Section Number <u>1</u>  |  | Township Number <u>T 26 S</u> |  | Range Number <u>R 4 E</u>      |  |
| County: <u>BUTLER</u>   |  |                                      |  |  |  |                               |  |                                |  |
| Distance and direction from nearest town or city?<br><u>2 West of Towanda</u>   |  |                                      |  | Street address of well if located within city?   |  |                               |  |                                |  |
| 2 WATER WELL OWNER: <u>Tom Forbes</u>   |  |                                      |  | Board of Agriculture, Division of Water Resources  |  |                               |  |                                |  |
| RR#, St. Address, Box # <u>R1 Box 28</u>  |  |                                      |  | Application Number:  |  |                               |  |                                |  |
| City, State, ZIP Code <u>Towanda Kan</u>  |  |                                      |  |  |  |                               |  |                                |  |
| 3 DEPTH OF COMPLETED WELL <u>105</u> ft. Bore Hole Diameter <u>8 1/2</u> in. to <u>14</u> in. to  |  |                                      |  |  |  |                               |  |                                |  |
| Well Water to be used as:   |  |                                      |  | 5 Public water supply      8 Air conditioning      11 Injection well<br>1 Domestic      3 Feedlot      9 Dewatering      12 Other (Specify below)<br>2 Irrigation      4 Industrial      10 Observation well |  |                               |  |                                |  |
| Well's static water level <u>40</u> ft. below land surface measured on  |  |                                      |  | Pump Test Data   |  |                               |  |                                |  |
| Est. Yield <u>20</u> gpm: Well water was <u>45</u> ft. after  |  |                                      |  | Pump Test Data   |  |                               |  |                                |  |
|   |  |                                      |  | Pump Test Data   |  |                               |  |                                |  |
| 4 TYPE OF WELL CASING USED:   |  |                                      |  | Casing Joints: Glued <u>X</u> Clamped  |  |                               |  |                                |  |
| 1 Steel      3 RMP (SR)   |  |                                      |  | Welded   |  |                               |  |                                |  |
| 2 PVC      4 ABS  |  |                                      |  | Threaded   |  |                               |  |                                |  |
| Blank casing dia <u>5</u> in. to  |  |                                      |  | ft. Dia  |  |                               |  |                                |  |
| Casing height above land surface <u>18</u> in. weight   |  |                                      |  | 200 lbs./ft. Wall thickness or gauge No <u>1214</u>  |  |                               |  |                                |  |
| TYPE OF SCREEN OR PERFORATION MATERIAL:   |  |                                      |  | 7 PVC      10 Asbestos-cement  |  |                               |  |                                |  |
| 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:   |  |                                      |  | 5 Gauzed wrapped      8 Saw cut      11 None (open hole)   |  |                               |  |                                |  |
| 1 Continuous slot      3 Mill slot  |  |                                      |  | 9 Drilled holes  |  |                               |  |                                |  |
| 2 Louvered shutter      4 Key punched   |  |                                      |  | 10 Other (specify)   |  |                               |  |                                |  |
| Screen-Perforation Dia <u>5</u> in. to <u>85</u> ft. Dia  |  |                                      |  | in. to   |  |                               |  |                                |  |
| Screen-Perforated Intervals:  |  |                                      |  | From <u>65</u> ft. to <u>85</u> ft. to   |  |                               |  |                                |  |
| Gravel Pack Intervals: <u>Yes</u>   |  |                                      |  | From   |  |                               |  |                                |  |
| 5 GROUT MATERIAL:   |  |                                      |  | 2 Cement grout   |  |                               |  |                                |  |
| Grouted Intervals: From <u>8</u> ft. to <u>18</u> ft. From  |  |                                      |  | ft. to   |  |                               |  |                                |  |
| What is the nearest source of possible contamination:   |  |                                      |  | 10 Fuel storage      14 Abandoned water well   |  |                               |  |                                |  |
| 1 Septic tank      4 Cess pool      7 Sewage lagoon      11 Fertilizer storage      15 Oil well/Gas well  |  |                                      |  |  |  |                               |  |                                |  |
| 2 Sewer lines      5 Seepage pit      8 Feed yard      12 Insecticide storage      16 Other (specify below)                                       |  |                                      |  |  |  |                               |  |                                |  |
| 3 Lateral lines      6 Pit privy      9 Livestock pens      13 Watertight sewer lines   |  |                                      |  |  |  |                               |  |                                |  |
| Direction from well <u>N</u> How many feet <u>150</u> ? Water Well Disinfected? <u>Yes</u> No   |  |                                      |  |  |  |                               |  |                                |  |
| Was a chemical/bacteriological sample submitted to Department? Yes No   |  |                                      |  | If yes, date sample  |  |                               |  |                                |  |
| was submitted month day year: Pump Installed? Yes No  |  |                                      |  |  |  |                               |  |                                |  |
| 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 (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was |  |                                      |  |  |  |                               |  |                                |  |
| completed on <u>9</u> month <u>8</u> day <u>80</u> year   |  |                                      |  |  |  |                               |  |                                |  |
| and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>257</u>                             |  |                                      |  |  |  |                               |  |                                |  |
| This Water Well Record was completed on <u>9</u> month <u>8</u> day <u>80</u> year under the business   |  |                                      |  |  |  |                               |  |                                |  |
| name of <u>Water Well Drill</u> by (signature) <u>Charles Winter</u>  |  |                                      |  |  |  |                               |  |                                |  |
| 7 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:  |  | FROM TO                              |  | LITHOLOGIC LOG   |  | FROM TO                       |  | LITHOLOGIC LOG                 |  |
|   |  | 0 4                                  |  | SOIL   |  |                               |  |                                |  |
|   |  | 4 15                                 |  | CLAY   |  |                               |  |                                |  |
|   |  | 15 33                                |  | ROCK   |  |                               |  |                                |  |
|   |  | 33 47                                |  | SHALE  |  |                               |  |                                |  |
|   |  | 47 59                                |  | LIME   |  |                               |  |                                |  |
|   |  | 59 79                                |  | SANDY LIME   |  |                               |  |                                |  |
|   |  | 79 105                               |  | SHALE  |  |                               |  |                                |  |
| ELEVATION:  |  |                                      |  |  |  |                               |  |                                |  |
| Depth(s) Groundwater Encountered 1. <u>75</u> 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.