

1 LOCATION OF WATER WELL:		Fraction County: <i>Butler</i>	1/4 NW 1/4 SW 1/4 SE 1/4	Section Number 16	Township Number T 26 S	Range Number R 4 EW	
Distance and direction from nearest town or city street address of well, if located within city? <i>1 mile S of Towanda</i>							
2 WATER WELL OWNER:		<i>Ben Sharpsteen</i>		67212			
RR#, St. Address, Box #		<i>144 N Kavada Wichita Kan</i>		Board of Agriculture, Division of Water Resources			
City, State, ZIP Code					Application Number:		
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL: <i>145</i> ft. ELEVATION: ..... Depth(s) Groundwater Encountered <i>100</i> ft. 2. .... ft. 3. .... ft. WELL'S STATIC WATER LEVEL <i>30</i> ft. below land surface measured on mo/day/yr Pump test data: Well water was ..... ft. after ..... hours pumping ..... gpm Est. Yield <i>5</i> gpm Well water was ..... ft. after ..... hours pumping ..... gpm Bore Hole Diameter <i>7.2</i> in. to ..... ft., and ..... in. to ..... ft. 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 <i>7</i> 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 <input type="checkbox"/>					
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5 TYPE OF BLANK CASING USED:		5 Wrought iron <input checked="" type="checkbox"/> PVC	8 Concrete tile <input checked="" type="checkbox"/> ABS	CASING JOINTS: Glued <input checked="" type="checkbox"/> Clamped ..... Welded ..... Threaded .....			
Blank casing diameter ..... in. to ..... ft., Dia ..... in. to ..... ft., Dia ..... in. to ..... ft.							
Casing height above land surface ..... in., weight ..... lbs./ft. Wall thickness or gauge No. <i>214</i>							
TYPE OF SCREEN OR PERFORATION MATERIAL:		5 Fiberglass <input checked="" type="checkbox"/> PVC	8 RMP (SR) <input checked="" type="checkbox"/> ABS	10 Asbestos-cement 11 Other (specify) ..... 12 None used (open hole)			
SCREEN OR PERFORATION OPENINGS ARE:		5 Gauzed wrapped 6 Wire wrapped 7 Torch cut	5 Gauzed wrapped 6 Wire wrapped 7 Torch cut	8 Saw cut 9 Drilled holes 10 Other (specify) .....			
SCREEN-PERFORATED INTERVALS: From ..... ft. to ..... 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 Grout Intervals: From ..... ft. to ..... ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.		2 Cement grout <input checked="" type="checkbox"/> Bentonite	4 Other ..... 10 Livestock pens 11 Fuel storage 12 Fertilizer storage 13 Insecticide storage	14 Abandoned water well 15 Oil well/Gas well 16 Other (specify below)			
What is the nearest source of possible contamination:		7 Pit privy <input checked="" type="checkbox"/> Sewage lagoon 9 Feedyard					
Direction from well? <i>N E</i>		How many feet? <i>250</i>					
FROM	TO	LITHOLOGIC LOG		FROM	TO	PLUGGING INTERVALS	
<i>0</i>	<i>4</i>	<i>Soil</i>					
<i>4</i>	<i>20</i>	<i>CLAY</i>					
<i>20</i>	<i>25</i>	<i>LITTLE Gravel</i>					
<i>25</i>	<i>35</i>	<i>CLAY</i>					
<i>35</i>	<i>145</i>	<i>STALE &amp; Lime</i>					
7 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 (mo/day/year) <i>3/18/99</i> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <i>251</i> This Water Well Record was completed on (mo/day/year) <i>4/13/99</i> by (signature) <i>Charles Winter</i>							