

1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number	
County: <u>Butler</u>	<u>NE 1/4 SE 1/4 NW 1/4</u>	<u>23</u>	T <u>27S</u> S	R <u>3E</u> E/W	
Distance and direction from nearest town or city street address of well if located within city? <u>2034 Northridge, Andover</u>					
2 WATER WELL OWNER: <u>Clayton Kaus</u>					
RR#, St. Address, Box # City, State, ZIP Code			Board of Agriculture, Division of Water Resources Application Number:		
<u>2034 Northridge</u> <u>Andover, KS</u>					
3 LOCATE WELL'S LOCATION WITH		4 DEPTH OF COMPLETED WELL <u>95</u> ft. ELEVATION:			
AN "X" IN SECTION BOX:		Depth(s) Groundwater Encountered <u>32</u> ft. 2 <u>32</u> ft. 3 <u>32</u> ft.			
		WELL'S STATIC WATER LEVEL <u>32</u> ft. below land surface measured on mo/day/yr <u>1-4-05</u>			
		Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm			
		Est. Yield _____ gpm: Well water was _____ ft. after _____ hours pumping _____ gpm			
		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 <u>7 Domestic (lawn &amp; garden)</u> 10 Monitoring well			
Was a chemical/bacteriological sample submitted to Department? Yes _____ No <u>X</u> _____; If yes, mo/day/yr sample was submitted _____					
Water Well Disinfected? Yes <u>X</u> _____ No _____					
5 TYPE OF BLANK CASING USED:					
1 Steel      3 RMP (SR)      5 Wrought iron      8 Concrete tile      CASING JOINTS: Glued <u>X</u> Clamped _____ 2 <u>PVC</u> 4 ABS      6 Asbestos-Cement      9 Other (specify below)      Welded _____ _____      _____      7 Fiberglass      _____      Threaded _____					
Blank casing diameter _____ in. to _____ ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.					
Casing height above land surface <u>16</u> in., weight <u>160</u> lbs./ft. Wall thickness or gauge No. <u>26</u>					
TYPE OF SCREEN OR PERFORATION MATERIAL:					
1 Steel      3 Stainless Steel      5 Fiberglass <u>7 PVC</u> 10 Asbestos-Cement 2 Brass      4 Galvanized Steel      6 Concrete tile      8 RMP (SR)      11 Other (Specify) _____ _____      _____      _____      9 ABS      12 None used (open hole)					
SCREEN OR PERFORATION OPENINGS ARE:					
1 Continuous slot <u>3 Mill slot</u> 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) _____ ft.					
SCREEN-PERFORATED INTERVALS: From <u>55</u> ft. to <u>95</u> ft., From _____ ft. to _____ ft.					
GRAVEL PACK INTERVALS: From <u>24</u> ft. to <u>95</u> ft., From _____ ft. to _____ ft.					
6 GROUT MATERIAL:					
Grout Intervals: From <u>4</u> ft. to <u>24</u> 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 <u>Sewer lines</u> 5 Cess pool      8 Sewage lagoon      11 Fuel storage      15 Oil well/Gas well <u>3 Watertight sewer lines</u> 6 Seepage pit      9 Feedyard      12 Fertilizer storage      16 Other (specify below) _____ 13 Insecticide storage _____ Direction from well? <u>South</u> How many feet? <u>123</u>					
FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
<u>0</u>	<u>2</u>	<u>topsoil</u>			
<u>2</u>	<u>7</u>	<u>brown clay</u>			
<u>7</u>	<u>17</u>	<u>yellow shale</u>			
<u>17</u>	<u>86</u>	<u>blue shale</u>			
<u>86</u>	<u>95</u>	<u>yellow shale</u>			
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) <u>1-4-05</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's Licence No <u>1611</u> This Water Well Record was completed on (mo/day/yr) <u>2-2-05</u> under the business name of <u>Chase Drilling</u> by (signature) <u>R. Chase</u>					
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, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-5522. Send one to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well.					