

1 LOCATION OF WATER WELL:	Fraction County: <b>Butler</b>	8E 1/4 8E 1/4 8W 1/4	Section Number 19	Township Number T 27S	Range Number R 3E E/W																																																																																																				
Distance and direction from nearest town or city street address of well if located within city? <b>209 S. OneWood Dr.</b>																																																																																																									
2 WATER WELL OWNER:	<b>Brett Wentzel</b>		Board of Agriculture, Division of Water Resources Application Number:																																																																																																						
RR#, St. Address, Box #	<b>209 S. OneWood Dr.</b>																																																																																																								
City, State, ZIP Code	<b>Andover, KS</b>																																																																																																								
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:			4 DEPTH OF COMPLETED WELL ..... <b>90</b>	ft. ELEVATION: ..... <b>31</b>	ft. ..... <b>ft.</b>																																																																																																				
Depth(s) Groundwater Encountered ..... <b>31</b> ft. below land surface measured on mo/day/yr ..... WELL'S STATIC WATER LEVEL ..... <b>31</b> ft. below land surface measured on mo/day/yr ..... 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 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																																																																																																									
5 TYPE OF BLANK CASING USED:	1 Steel <input checked="" type="checkbox"/>	3 RMP (SR) <input type="checkbox"/>	5 Wrought iron <input type="checkbox"/>	8 Concrete tile <input type="checkbox"/>	CASING JOINTS: Glued <input checked="" type="checkbox"/> Clamped ..... Welded ..... Threaded .....																																																																																																				
Blank casing diameter ..... <b>5</b>	in. to ..... <b>90</b>	ft., Dia ..... <b>16.0</b>	in. to ..... <b>16.0</b>	ft., Dia ..... <b>26</b>	in. to ..... <b>ft.</b>																																																																																																				
Casing height above land surface ..... <b>16</b> in., weight ..... <b>16.0</b> lbs./ft. Wall thickness or guage No. ..... <b>26</b>																																																																																																									
TYPE OF SCREEN OR PERFORATION MATERIAL:																																																																																																									
1 Steel <input type="checkbox"/>	3 Stainless Steel <input type="checkbox"/>	5 Fiberglass <input type="checkbox"/>	7 PVC <input checked="" type="checkbox"/>	8 Saw cut <input type="checkbox"/>	10 Asbestos-Cement <input type="checkbox"/>																																																																																																				
2 Brass <input type="checkbox"/>	4 Galvanized Steel <input type="checkbox"/>	6 Concrete tile <input type="checkbox"/>	8 RMP (SR) <input type="checkbox"/>	9 Drilled holes <input type="checkbox"/>	11 Other (Specify) ..... <b>12 None used (open hole)</b>																																																																																																				
SCREEN OR PERFORATION OPENINGS ARE:																																																																																																									
1 Continuous slot <input type="checkbox"/>	3 Mill slot <input checked="" type="checkbox"/>	5 Guazed wrapped <input type="checkbox"/>	7 Torch cut <input type="checkbox"/>	8 Saw cut <input type="checkbox"/>	11 None (open hole) ..... <b>ft.</b>																																																																																																				
2 Louvered shutter <input type="checkbox"/>	4 Key punched <input type="checkbox"/>	6 Wire wrapped <input type="checkbox"/>	10 Other (specify) ..... <b>ft.</b>	9 Drilled holes <input type="checkbox"/>	12 None used (open hole) ..... <b>ft.</b>																																																																																																				
SCREEN-PERFORATED INTERVALS: From ..... <b>50</b> ft. to ..... <b>90</b> ft., From ..... <b>ft.</b> to ..... <b>ft.</b>																																																																																																									
GRAVEL PACK INTERVALS: From ..... <b>24</b> ft. to ..... <b>90</b> ft., From ..... <b>ft.</b> to ..... <b>ft.</b>																																																																																																									
6 GROUT MATERIAL:	1 Neat cement <input type="checkbox"/>	2 Cement grout <input type="checkbox"/>	3 Bentonite <input checked="" type="checkbox"/>	4 Other ..... <b>ft.</b>	ft. to ..... <b>ft.</b>																																																																																																				
Grout Intervals: From ..... <b>4</b> ft. to ..... <b>24</b> ft., From ..... <b>ft.</b> to ..... <b>ft.</b>	ft. to ..... <b>ft.</b>				ft. to ..... <b>ft.</b>																																																																																																				
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 checked="" type="checkbox"/>	6 Seepage pit <input type="checkbox"/>	9 Feedyard <input type="checkbox"/>	12 Fertilizer storage <input type="checkbox"/>	16 Other (specify below) ..... <b>ft.</b>																																																																																																					
Direction from well? <b>South</b> How many feet? <b>17</b>																																																																																																									
FROM	TO	LITHOLOGIC LOG		FROM	TO																																																																																																				
<b>0</b>	<b>2</b>																																																																																																								
<b>2</b>	<b>14</b>																																																																																																								
<b>14</b>	<b>90</b>																																																																																																								
PLUGGING INTERVALS																																																																																																									
<table border="1"> <tr> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> <td>6</td> <td>7</td> <td>8</td> <td>9</td> <td>10</td> <td>11</td> <td>12</td> <td>13</td> <td>14</td> <td>15</td> <td>16</td> <td>17</td> <td>18</td> <td>19</td> <td>20</td> <td>21</td> <td>22</td> <td>23</td> <td>24</td> <td>25</td> <td>26</td> <td>27</td> <td>28</td> <td>29</td> <td>30</td> <td>31</td> <td>32</td> <td>33</td> <td>34</td> <td>35</td> <td>36</td> <td>37</td> <td>38</td> <td>39</td> <td>40</td> <td>41</td> <td>42</td> <td>43</td> <td>44</td> <td>45</td> <td>46</td> <td>47</td> <td>48</td> <td>49</td> <td>50</td> <td>51</td> <td>52</td> <td>53</td> <td>54</td> <td>55</td> <td>56</td> <td>57</td> <td>58</td> <td>59</td> <td>60</td> <td>61</td> <td>62</td> <td>63</td> <td>64</td> <td>65</td> <td>66</td> <td>67</td> <td>68</td> <td>69</td> <td>70</td> <td>71</td> <td>72</td> <td>73</td> <td>74</td> <td>75</td> <td>76</td> <td>77</td> <td>78</td> <td>79</td> <td>80</td> <td>81</td> <td>82</td> <td>83</td> <td>84</td> <td>85</td> <td>86</td> <td>87</td> <td>88</td> <td>89</td> <td>90</td> <td>91</td> <td>92</td> <td>93</td> <td>94</td> <td>95</td> <td>96</td> <td>97</td> <td>98</td> <td>99</td> <td>100</td> </tr> </table>						1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100						
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) <b>4.9.05</b> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's Licence No. <b>601</b> This Water Well Record was completed on (mo/day/year) <b>5.10.05</b> by (signature) <b>R. Chase</b>																																																																																																									
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.																																																																																																									