

1 LOCATION OF WATER WELL: Fraction **SW 1/4 NW 1/4 SE 1/4** Section Number **11** Township Number **T 27 S** Range Number **R 3 E**

County: **Butler** Distance and direction from nearest town or city street address of well if located within city?

3 1/2 Mi. EAST of Andover

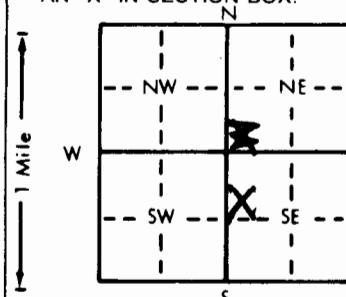
2 WATER WELL OWNER: **Robert B. BARBOUR**

RR#, St. Address, Box #: **RR#1 Box 176**

City, State, ZIP Code: **Augusta, KS. 67010**

Board of Agriculture, Division of Water Resources
Application Number:

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:



4 DEPTH OF COMPLETED WELL **102** ft. ELEVATION: **90** ft. Depth(s) Groundwater Encountered **1. 90** ft. 2. ft. 3. ft. WELL'S STATIC WATER LEVEL **50** ft. below land surface measured on mo/day/yr **5/1/92** ft. Pump test data: Well water was ft. after hours pumping gpm Est. Yield **40** gpm: Well water was ft. after hours pumping gpm Bore Hole Diameter **10** 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 7 Lawn and garden only 10 Monitoring well Was a chemical/bacteriological sample submitted to Department? Yes No If yes, mo/day/yr sample was submitted Water Well Disinfected? Yes No

5 TYPE OF BLANK CASING USED: 1 Steel 3 RMP (SR) 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued Clamped 2 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded 7 Fiberglass Threaded

Blank casing diameter **5** in. to ft., Dia in. to ft., Dia in. to in. to ft. Casing height above land surface **12** in., weight **160** lbs./ft. Wall thickness or gauge No.

TYPE OF SCREEN OR PERFORATION MATERIAL: 1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 10 Asbestos-cement 2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 11 Other (specify) 12 None used (open hole)

SCREEN OR PERFORATION OPENINGS ARE: 1 Continuous slot **Mill slot** 5 Gauzed wrapped 8 Saw cut 11 None (open hole) 2 Louvered shutter 4 Key punched 6 Wire wrapped 9 Drilled holes 10 Other (specify)

SCREEN-PERFORATED INTERVALS: From **82** ft. to **102** ft., From ft. to ft., From ft. to ft., From ft. to ft.

GRAVEL PACK INTERVALS: From **20** ft. to **102** ft., From ft. to ft., From ft. to ft., From ft. to ft.

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout **Bentonite** 4 Other

Grout Intervals: From **3** ft. to **20** ft., From ft. to 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 Sewer lines 5 Cess pool **8 Sewage lagoon** 11 Fuel storage 15 Oil well/Gas well 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer storage 16 Other (specify below) 13 Insecticide storage

Direction from well? **down slope** How many feet? **100+**

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	6	earth			
6	15	brown clay			
15	32	red clay			
32	70	yellow clay			
70	84	shale			
84	90	red bed			
90	102	broken lime (grey)			

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) **5/1/92** and this record is true to the best of my knowledge and belief. Kansas

Water Well Contractor's License No. **473** This Water Well Record was completed on (mo/day/yr) **5/1/92**

under the business name of **Reiderson Well Drilling** by (signature) **Jenny Reiderson**

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 66620-7320. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.