

| | | | | | |
|---------|-------------------------|----------------|----------------|-----------------|--------------|
| 1 | LOCATION OF WATER WELL: | Fraction | Section Number | Township Number | Range Number |
| County: | BUTLER | SE ¼ SW ¼ SW ¼ | 16 | T 27 S | R 3 E E/W |

Distance and direction from nearest town or city street address of well if located within city?
1 3/10 E. of Andover Rd., Andover, Ks.

2 WATER WELL OWNER: Dan Caliendo
RR#, St. Address, Box # : #22 Sagebrush
City, State, ZIP Code : Wichita, Ks.

Board of Agriculture, Division of Water Resources
Application Number:

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

| | |
|----|----|
| N | |
| NW | NE |
| SW | SE |
| S | |

W 1 Mile E

4 DEPTH OF COMPLETED WELL... 115 ft. ELEVATION:

Depth(s) Groundwater Encountered 1. 30 ft. 2. ft. 3. ft.

WELL'S STATIC WATER LEVEL 30 ft. below land surface measured on mo/day/yr 10-2-81

Pump test data: Well water was ft. after hours pumping gpm

Est. Yield gpm: Well water was ft. after hours pumping gpm

Bore Hole Diameter 11 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 |
| 2 Irrigation | 4 Industrial | 7 Lawn and garden only |
| | | 9 Dewatering |
| | | 10 Observation well |
| | | 12 Other (Specify below) |

Was a chemical/bacteriological sample submitted to Department? Yes.....No.....X.....; If yes, mo/day/yr sample was submitted

Water Well Disinfected? Yes X No

| | | | | | | |
|--|-----------------------------------|---|--------------------|-------------------------------|---|--|
| 5 | TYPE OF BLANK CASING USED: | | 5 Wrought iron | 8 Concrete tile | CASING JOINTS: Glued . X . . Clamped | |
| | 1 Steel | 3 RMP (SR) | 6 Asbestos-Cement | 9 Other (specify below) | Welded | |
| | 2 PVC | 4 ABS | 7 Fiberglass | Threaded | | |
| Blank casing diameter 5 in. to 25 ft., Dia in. to ft. Dia in. to ft. | | | | | | |
| Casing height above land surface 12 . in., weight 1.59 lbs./ft. Wall thickness or gauge No. . . . 203 | | | | | | |
| TYPE OF SCREEN OR PERFORATION MATERIAL: | | | | | | |
| | 1 Steel | 3 Stainless steel | 5 Fiberglass | 7 PVC | 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: | | | 5 Gauzed wrapped | 8 Saw cut .06 | 11 None (open hole) | |
| | 1 Continuous slot | 3 Mill slot | 6 Wire wrapped | 9 Drilled holes | | |
| | 2 Louvered shutter | 4 Key punched | 7 Torch cut | 10 Other (specify) | | |
| SCREEN-PERFORATED INTERVALS: | | From 25 ft. to 115 ft., From ft. to ft. | | | | |
| | | From ft. to ft., From ft. to ft. | | | | |
| GRAVEL PACK INTERVALS: | | From 14 ft. to 115 ft., From ft. to ft. | | | | |
| | | From ft. to ft., From ft. to ft. | | | | |

| | | | | | |
|---|-----------------|---|------------------------|--------------------------|-------------------------|
| 6 GROUT MATERIAL: | | 1 Neat cement | 2 Cement grout | 3 Bentonite | 4 Other |
| Grout Intervals: | From | 4 | ft. to 14 | ft. From | ft. to |
| What is the nearest source of possible contamination: | | | | | |
| 1 Septic tank | 4 Lateral lines | Septic System not Installed at This Time. | | 10 Livestock pens | 14 Abandoned water well |
| 2 Sewer lines | 5 Cess pool | 7 Pit privy | 11 Fuel storage | 15 Oil well/Gas well | |
| 3 Watertight sewer lines | 6 Seepage pit | 8 Sewage lagoon | 12 Fertilizer storage | 16 Other (specify below) | |
| | | 9 Feedyard | 13 Insecticide storage | NONE APPARENT | |
| Direction from well? | | | How many feet? | | |

[illegible]

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) 10-2-81 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 236 This Water Well Record was completed on (mo/day/yr) 12-21-81 under the business name of Harp Well & Pump Serv., Inc. by (signature) M. Arnold

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, Environmental Geology Section, Topeka, KS 66620. Send one to WATER WELL OWNER and retain one for your records.