

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: <u>BUTLER</u>		NW 1/4 NW 1/4 NW 1/4	<u>19</u>	T <u>27</u> S	R <u>3</u> EW
Distance and direction from nearest town or city street address of well if located within city? <u>3/4 MILES WEST of ANDOVER, KANSAS CITY LIMITS</u>					
2 WATER WELL OWNER: <u>BANK of the WEST / STUFFLE</u>					
RR#, St. Address, Box # : <u>450 N. 159TH ST. EAST</u>				Board of Agriculture, Division of Water Resources	
City, State, ZIP Code : <u>ANDOVER KANSAS 67002</u>				Application Number:	
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL. <u>79'-2"</u> ft. ELEVATION:			
<p>Diagram of a 36-section grid. The center section (12) contains an asterisk (*) indicating the well location.</p>		Depth(s) Groundwater Encountered _____ ft. 2. _____ ft. 3. _____ ft.			
		WELL'S STATIC WATER LEVEL <u>999</u> 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			
		Bore Hole Diameter <u>4</u> in. to <u>TO 79'-2"</u> ft., and _____ in. to _____ ft.			
		WELL WATER TO BE USED AS:			
		5 Public water supply 8 Air conditioning 11 Injection well <input checked="" type="checkbox"/> 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 <u>X</u> ; If yes, mo/day/yr sample was submitted _____					
Water Well Disinfected? Yes _____ No <u>N/A</u>					
5 TYPE OF BLANK CASING USED:					
1 Steel		3 RMP (SR)		5 Wrought iron	
<input checked="" type="radio"/> 2 PVC		4 ABS		6 Asbestos-Cement	
				7 Fiberglass	
				8 Concrete tile	
				9 Other (specify below)	
Blank casing diameter <u>4</u> in. to <u>79'-2"</u> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.		Casing Joints: Glued _____ Clamped _____			
Casing height above land surface <u>0</u> in., weight _____ lbs./ft. Wall thickness or gauge No. _____		Welded _____ Threaded _____			
TYPE OF SCREEN OR PERFORATION MATERIAL:					
1 Steel		3 Stainless steel		5 Fiberglass	
2 Brass		4 Galvanized steel		6 Concrete tile	
				8 RMP (SR)	
				9 ABS	
				12 None used (open hole)	
SCREEN OR PERFORATION OPENINGS ARE:					
1 Continuous slot		<input checked="" type="radio"/> 3 Mill slot		5 Gauzed wrapped	
2 Louvered shutter		4 Key punched		6 Wire wrapped	
				7 Torch cut	
				8 Saw cut	
				11 None (open hole)	
SCREEN-PERFORATED INTERVALS: From <u>NOT AVAILABLE</u> 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		2 Cement grout		<input checked="" type="radio"/> 3 Bentonite	
4 Other _____					
Grout Intervals: From <u>0</u> ft. to <u>79'-2"</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	
2 Sewer lines		5 Cess pool		8 Sewage lagoon	
3 Watertight sewer lines		6 Seepage pit		9 Feedyard	
				10 Livestock pens	
				11 Fuel storage	
				12 Fertilizer storage	
				13 Insecticide storage	
				14 Abandoned water well	
				15 Oil well/Gas well	
				<input checked="" type="radio"/> 16 Other (specify below) <u>Farmland</u>	
Direction from well? <u>WEST of Andover and South</u> How many feet? <u>50.</u>					
FROM		TO		LITHOLOGIC LOG	
<u>0</u>		<u>TA</u>		<u>SILTY CLAY + SHALE</u>	
FROM		TO		PLUGGING INTERVALS	
<u>0</u>		<u>79'-2"</u>		<u>BENTONITE HOLEPLUG</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>SEPTEMBER 24, 1992</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>102 W</u> . This Water Well Record was completed on (mo/day/yr.) <u>OCTOBER 1, 1992</u> under the business name of <u>CARNE - WESTERN COMPANY</u> Nicholas (signature) <u>Juan M. Deloy</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, Topeka, Kansas 66620-0001. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.					