

1 LOCATION OF WATER WELL		Fraction	Section Number	Township Number	Range Number
County: <u>Butler</u>		<u>SW 1/4 SE 1/4 NW 1/4</u>	<u>23</u>	<u>T 27 S</u>	<u>R 3 E</u>
Distance and direction from nearest town or city? <u>5 W 1/2 N</u> <u>OK Augusta</u>			Street address of well if located within city?		
2 WATER WELL OWNER: <u>Russell Thiel</u>					
RR#, St. Address, Box #: <u>R 3 Box K 187</u>			Board of Agriculture, Division of Water Resources		
City, State, ZIP Code: <u>Augusta 67010</u>			Application Number:		
3 DEPTH OF COMPLETED WELL: <u>115</u> ft. Bore Hole Diameter: <u>9</u> in. to <u>115</u> ft., and _____ in. to _____ ft.					
Well Water to be used as:					
<input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Irrigation <input type="checkbox"/> Feedlot <input type="checkbox"/> Industrial		<input type="checkbox"/> Public water supply <input type="checkbox"/> Oil field water supply <input type="checkbox"/> Lawn and garden only		<input type="checkbox"/> Air conditioning <input type="checkbox"/> Dewatering <input type="checkbox"/> Observation well <input type="checkbox"/> Injection well <input type="checkbox"/> Other (Specify below)	
Well's static water level: <u>94</u> ft. below land surface measured on <u>8</u> month <u>20</u> day <u>79</u> year					
Pump Test Data: Well water was _____ ft. after _____ hours pumping _____ gpm					
Est. Yield _____ gpm: Well water was _____ ft. after _____ hours pumping _____ gpm					
4 TYPE OF BLANK CASING USED:					
<input type="checkbox"/> Steel <input type="checkbox"/> PVC <input checked="" type="checkbox"/> RMP (SR) <input type="checkbox"/> ABS		<input type="checkbox"/> Wrought iron <input type="checkbox"/> Asbestos-Cement <input type="checkbox"/> Fiberglass		<input type="checkbox"/> Concrete tile <input type="checkbox"/> Other (specify below)	
Casing Joints: Glued <input checked="" type="checkbox"/> Clamped _____ Welded _____ Threaded _____					
Blank casing dia: <u>5</u> in. to <u>95</u> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.					
Casing height above land surface: <u>12</u> in., weight _____ lbs./ft. Wall thickness or gauge No. <u>200</u>					
TYPE OF SCREEN OR PERFORATION MATERIAL:					
<input type="checkbox"/> Steel <input type="checkbox"/> Brass <input type="checkbox"/> Stainless steel <input type="checkbox"/> Galvanized steel		<input type="checkbox"/> Fiberglass <input type="checkbox"/> Concrete tile <input checked="" type="checkbox"/> RMP (SR) <input type="checkbox"/> ABS		<input type="checkbox"/> PVC <input type="checkbox"/> Asbestos-cement <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> None used (open hole)	
Screen or Perforation Openings Are:					
<input type="checkbox"/> Continuous slot <input type="checkbox"/> Mill slot <input type="checkbox"/> Louvered shutter <input type="checkbox"/> Key punched		<input type="checkbox"/> Gauzed wrapped <input type="checkbox"/> Wire wrapped <input type="checkbox"/> Torch cut		<input checked="" type="checkbox"/> Saw cut <input type="checkbox"/> Drilled holes <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> None (open hole)	
Screen-Perforation Dia: <u>5</u> in. to <u>115</u> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.					
Screen-Perforated Intervals: From <u>95</u> ft. to <u>115</u> ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.					
Gravel Pack Intervals: From <u>115</u> ft. to <u>13</u> ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.					
5 GROUT MATERIAL:					
<input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Cement grout <input type="checkbox"/> Bentonite <input type="checkbox"/> Other					
Grouted Intervals: From <u>13</u> ft. to <u>3</u> ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.					
What is the nearest source of possible contamination:					
<input checked="" type="checkbox"/> Septic tank <input type="checkbox"/> Sewer lines <input type="checkbox"/> Lateral lines <input type="checkbox"/> Cess pool <input type="checkbox"/> Seepage pit <input type="checkbox"/> Pit privy		<input type="checkbox"/> Sewage lagoon <input type="checkbox"/> Feed yard <input type="checkbox"/> Livestock pens		<input type="checkbox"/> Fuel storage <input type="checkbox"/> Fertilizer storage <input type="checkbox"/> Insecticide storage <input type="checkbox"/> Watertight sewer lines <input type="checkbox"/> Abandoned water well <input type="checkbox"/> Oil well/Gas well <input type="checkbox"/> Other (specify below)	
Direction from well: <u>So. West</u> How many feet: <u>90'</u> ? Water Well Disinfected? Yes <input checked="" type="checkbox"/> No _____					
Was a chemical/bacteriological sample submitted to Department? Yes _____ No <input checked="" type="checkbox"/> If yes, date sample was submitted _____ month _____ day _____ year: Pump Installed? Yes _____ No <input checked="" type="checkbox"/>					
If Yes: Pump Manufacturer's name _____ Model No. _____ HP _____ Volts _____					
Depth of Pump Intake _____ ft. Pumps Capacity rated at _____ gal./min.					
Type of pump: <input type="checkbox"/> Submersible <input type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Centrifugal <input type="checkbox"/> Reciprocating <input type="checkbox"/> Other					
6 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <input checked="" type="checkbox"/> constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on <u>8</u> month <u>20</u> day <u>79</u> year					
and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>363</u>					
This Water Well Record was completed on <u>8</u> month <u>20</u> day <u>79</u> year under the business name of <u>Braddy Water Wells</u> by (signature) <u>Richard Braddy</u>					
7 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		LITHOLOGIC LOG			
		FROM	TO	LITHOLOGIC LOG	
		0	3	Clay Reddish brown	
		3	25	Clay yellow	
		25	34	Shale light gray	
		34	40	Clay with lime yellow	
		40	45	Shale blue gray	
		45	55	Limestone yellow	
		55	107	Shale blue gray	
		107	115	Limestone yellow	
ELEVATION:					
Depth(s) Groundwater Encountered 1. <u>107</u> ft. 2. _____ ft. 3. _____ ft. 4. _____ ft. (Use a second sheet if needed)					

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, Water Well Contractors, Topeka, KS 66620. Send one to WATER WELL OWNER and retain one for your records.

OFFICE USE ONLY

T

27

R

3

DEM

SEC.

23

SW

1/4

SE

1/4

NW

1/4