

1 LOCATION OF WATER WELL		Fraction <u>SW 1/4 NW 1/4 NW 1/4</u>		Section Number <u>23</u>	Township Number <u>T 27 S</u>	Range Number <u>R 3 E</u>
County: <u>Butler</u>				Distance and direction from nearest town or city? <u>SE 3/4 N of Augusta</u>		
Street address of well if located within city?						
2 WATER WELL OWNER: <u>Ralph Pierce</u>						
RR#, St. Address, Box #: <u>RA 1 Augusta KS 67010</u>				Board of Agriculture, Division of Water Resources		
City, State, ZIP Code				Application Number:		
3 DEPTH OF COMPLETED WELL: <u>93</u> ft. Bore Hole Diameter: <u>8.5</u> in. to ft., and in. to ft.						
Well Water to be used as:						
<input checked="" type="checkbox"/> Domestic		<input type="checkbox"/> 3 Feedlot		<input type="checkbox"/> 5 Public water supply		<input type="checkbox"/> 8 Air conditioning
<input type="checkbox"/> 2 Irrigation		<input type="checkbox"/> 4 Industrial		<input type="checkbox"/> 6 Oil field water supply		<input type="checkbox"/> 9 Dewatering
		<input type="checkbox"/> 7 Lawn and garden only		<input type="checkbox"/> 10 Observation well		<input type="checkbox"/> 11 Injection well
						<input type="checkbox"/> 12 Other (Specify below)
Well's static water level <u>38</u> ft. below land surface measured on <u>1</u> month <u>18</u> day <u>80</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"/> 1 Steel		<input type="checkbox"/> 3 RMP (SR)		<input type="checkbox"/> 5 Wrought iron		<input type="checkbox"/> 8 Concrete tile
<input checked="" type="checkbox"/> 2 PVC		<input type="checkbox"/> 4 ABS		<input type="checkbox"/> 6 Asbestos-Cement		<input type="checkbox"/> 9 Other (specify below)
				<input type="checkbox"/> 7 Fiberglass		
Blank casing dia <u>5</u> in. to <u>43</u> ft., Dia <u>5</u> in. to <u>23</u> ft., Dia in. to ft.						
Casing height above land surface <u>14</u> in., weight lbs./ft. Wall thickness or gauge No <u>14"</u>						
TYPE OF SCREEN OR PERFORATION MATERIAL:						
<input type="checkbox"/> 1 Steel		<input type="checkbox"/> 3 Stainless steel		<input type="checkbox"/> 5 Fiberglass		<input checked="" type="checkbox"/> 8 RMP (SR)
<input type="checkbox"/> 2 Brass		<input type="checkbox"/> 4 Galvanized steel		<input type="checkbox"/> 6 Concrete tile		<input type="checkbox"/> 9 ABS
						<input type="checkbox"/> 10 Asbestos-cement
						<input type="checkbox"/> 11 Other (specify)
						<input type="checkbox"/> 12 None used (open hole)
Screen or Perforation Openings Are:						
<input type="checkbox"/> 1 Continuous slot		<input type="checkbox"/> 3 Mill slot		<input type="checkbox"/> 5 Gauzed wrapped		<input checked="" type="checkbox"/> 8 Saw cut
<input type="checkbox"/> 2 Louvered shutter		<input type="checkbox"/> 4 Key punched		<input type="checkbox"/> 6 Wire wrapped		<input type="checkbox"/> 11 None (open hole)
				<input type="checkbox"/> 7 Torch cut		
						<input type="checkbox"/> 9 Drilled holes
						<input type="checkbox"/> 10 Other (specify)
Screen-Perforation Dia <u>5</u> in. to <u>53</u> ft., Dia <u>5</u> in. to <u>93</u> ft., Dia in. to ft.						
Screen-Perforated Intervals: From <u>43</u> ft. to <u>53</u> ft., From ft. to ft.						
From <u>23</u> ft. to <u>93</u> ft., From ft. to ft.						
Gravel Pack Intervals: From <u>13</u> ft. to <u>93</u> ft., From ft. to ft.						
From ft. to ft., From ft. to ft.						
5 GROUT MATERIAL:						
<input type="checkbox"/> 1 Neat cement		<input checked="" type="checkbox"/> 2 Cement grout		<input type="checkbox"/> 3 Bentonite		<input type="checkbox"/> 4 Other
Grouted Intervals: From <u>13</u> ft. to <u>3</u> ft., From ft. to ft.						
What is the nearest source of possible contamination:						
<input checked="" type="checkbox"/> 1 Septic tank		<input type="checkbox"/> 4 Cess pool		<input type="checkbox"/> 7 Sewage lagoon		<input type="checkbox"/> 10 Fuel storage
<input type="checkbox"/> 2 Sewer lines		<input type="checkbox"/> 5 Seepage pit		<input type="checkbox"/> 8 Feed yard		<input type="checkbox"/> 11 Fertilizer storage
<input type="checkbox"/> 3 Lateral lines		<input type="checkbox"/> 6 Pit privy		<input type="checkbox"/> 9 Livestock pens		<input type="checkbox"/> 12 Insecticide storage
						<input type="checkbox"/> 13 Watertight sewer lines
						<input type="checkbox"/> 14 Abandoned water well
						<input type="checkbox"/> 15 Oil well/Gas well
						<input type="checkbox"/> 16 Other (specify below)
Direction from well <u>NE</u> How many feet <u>50</u> ? Water Well Disinfected? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>						
Was a chemical/bacteriological sample submitted to Department? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, date sample was submitted month day year: Pump Installed? Yes <input type="checkbox"/> 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"/> 1 Submersible <input type="checkbox"/> 2 Turbine <input type="checkbox"/> 3 Jet <input type="checkbox"/> 4 Centrifugal <input type="checkbox"/> 5 Reciprocating <input type="checkbox"/> 6 Other						
6 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <input checked="" type="checkbox"/> constructed, <input type="checkbox"/> reconstructed, or <input type="checkbox"/> plugged under my jurisdiction and was completed on month <u>18</u> day <u>80</u> year <u>80</u>						
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 month <u>19</u> day <u>80</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:		FROM		TO		LITHOLOGIC LOG
		0		10		Clay yellow brown
		10		21		Shale gray
		21		38		Shale yellow
		38		45		Limestone yellow
		45		93		Shale gray
ELEVATION: <u>5100</u>						
Depth(s) Groundwater Encountered 1. <u>45</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.