

<b>1] LOCATION OF WATER WELL:</b> County: <u>Butler</u>		Fraction <u>N<sup>E</sup> ¼ N<sup>E</sup> ¼ NW ¼</u>	Section Number <u>24</u>	Township Number T <u>27</u> S	Range Number R <u>3</u> E
Distance and direction from nearest town or city street address of well if located within city? <u>4 W ½ N of Augusta</u>					
<b>2] WATER WELL OWNER:</b> RR#, St. Address, Box # : _____ City, State, ZIP Code : <u>Rt 5 Box 100</u>		Augusta Kan 67010 Board of Agriculture, Division of Water Resources Application Number: _____			
<b>3] LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:</b>		<b>4] DEPTH OF COMPLETED WELL.</b> <u>167</u> ft. <b>ELEVATION:</b> _____			
<p>A diagram showing a section box divided into four quadrants labeled NW, NE, SW, SE. An 'X' marks the location at the intersection of the center dashed lines.</p>		Depth(s) Groundwater Encountered <u>1</u> <u>120</u> ft. 2. _____.ft. 3. _____ .ft.			
		WELL'S STATIC WATER LEVEL <u>70</u> ft. below land surface measured on mo/day/yr _____			
		Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm			
		Est. Yield <u>20</u> gpm. Well water was _____ ft. after _____ hours pumping _____ gpm			
		Bore Hole Diameter <u>8 1/2</u> in. to _____ ft., and _____ in. to _____ ft.			
		WELL WATER TO BE USED AS: <input checked="" type="radio"/> Domestic <input type="radio"/> Feedlot <input type="radio"/> Oil field water supply <input type="radio"/> Dewatering <input type="radio"/> Injection well <input type="radio"/> Irrigation <input type="radio"/> Industrial <input type="radio"/> Lawn and garden only <input type="radio"/> Monitoring well <input type="radio"/> Other (Specify below) _____			
		Was a chemical/bacteriological sample submitted to Department? Yes _____ No <input checked="" type="checkbox"/> If yes, mo/day/yr sample was submitted _____			
<b>5] TYPE OF BLANK CASING USED:</b>		<b>CASING JOINTS:</b> Glued <input checked="" type="checkbox"/> Clamped _____			
1 Steel                  3 RMP (SR)		6 Asbestos-Cement         9 Other (specify below) _____ Welded _____			
<input checked="" type="radio"/> PVC                  4 ABS		7 Fiberglass                Threaded _____			
Blank casing diameter _____ in. to _____ ft., Dia _____ in. to _____ ft.					
Casing height above land surface <u>18</u> in., weight <u>160</u> lbs./ft. Wall thickness or gauge No. <u>214</u>					
<b>TYPE OF SCREEN OR PERFORATION MATERIAL:</b>		<input checked="" type="radio"/> PVC                      10 Asbestos-cement			
1 Steel                  3 Stainless steel                  5 Fiberglass                  8 RMP (SR)		11 Other (specify) _____			
2 Brass                  4 Galvanized steel                  6 Concrete tile                  9 ABS		12 None used (open hole)			
<b>SCREEN OR PERFORATION OPENINGS ARE:</b>		<input checked="" type="radio"/> Saw cut                  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) _____			
<b>SCREEN-PERFORATED INTERVALS:</b>					
From <u>70</u> ft. to <u>167</u> ft.					
GRAVEL PACK INTERVALS:					
From _____ ft. to _____ ft.					
From _____ ft. to _____ ft.					
<b>6] GROUT MATERIAL:</b>		<b>How many feet?</b> <u>175</u>			
Grout Intervals: From <u>0</u> ft. to <u>200</u> ft.					
What is the nearest source of possible contamination:					
<input checked="" type="radio"/> 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) _____					
Direction from well? <u>W</u>					
FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
<u>0</u>	<u>13</u>	<u>Soil</u>			
<u>13</u>	<u>18</u>	<u>Clay</u>			
<u>18</u>	<u>25</u>	<u>Silt &amp; clay</u>			
<u>25</u>	<u>167</u>	<u>Shale + lime</u>			
<b>CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:</b> This water well was <input checked="" type="radio"/> constructed, <input type="radio"/> reconstructed, or <input type="radio"/> plugged under my jurisdiction and was completed on (mo/day/year) <u>11/17/93</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>251</u> . This Water Well Record was completed on (mo/day/yr) <u>11/14/93</u> under the business name of <u>Winter Well Drill</u> by (signature) <u>[Signature]</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.					