

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: <u>Butler</u>		<u>NE 1/4 NE 1/4 SE 1/4</u>	<u>24</u>	<u>T 27 S</u>	<u>R 3 E</u>
Distance and direction from nearest town or city street address of well if located within city? <u>4 Mile West of Augusta</u>					
2 WATER WELL OWNER:		Board of Agriculture, Division of Water Resources			
RR#, St. Address, Box # : <u>Joe Compella Wichita</u>		Application Number:			
City, State, ZIP Code : <u>2262 South Glenn Kan</u>					
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL: <u>12.5</u> ft. ELEVATION:			
		Depth(s) Groundwater Encountered <u>1.95</u> ft. 2. ft. 3. ft.			
		WELL'S STATIC WATER LEVEL <u>50</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="checkbox"/> 1 Domestic <input type="checkbox"/> 3 Feedlot <input type="checkbox"/> 6 Oil field water supply <input type="checkbox"/> 9 Dewatering <input type="checkbox"/> 12 Other (Specify below) <input type="checkbox"/> 2 Irrigation <input type="checkbox"/> 4 Industrial <input type="checkbox"/> 7 Lawn and garden only <input type="checkbox"/> 10 Observation well			
		Was a chemical/bacteriological sample submitted to Department? Yes.....No..... If yes, mo/day/yr sample was submitted			
		Water Well Disinfected? <input checked="" type="checkbox"/> Yes    No			
5 TYPE OF BLANK CASING USED:		CASING JOINTS: Glued <input checked="" type="checkbox"/> Clamped			
1 Steel <input checked="" type="checkbox"/> 3 RMP (SR)		Welded			
2 PVC <input checked="" type="checkbox"/> 4 ABS		Threaded			
Blank casing diameter <u>5</u> in. to <u>60</u> ft., Dia		in. to ft., Dia			
Casing height above land surface <u>18</u> in., weight <u>200</u> lbs./ft. Wall thickness or gauge No. <u>1214</u>					
TYPE OF SCREEN OR PERFORATION MATERIAL:		7 PVC    10 Asbestos-cement			
1 Steel <input checked="" type="checkbox"/> 3 Stainless steel    5 Fiberglass <input checked="" type="checkbox"/> 8 RMP (SR)		11 Other (specify)			
2 Brass    4 Galvanized steel    6 Concrete tile    9 ABS		12 None used (open hole)			
SCREEN OR PERFORATION OPENINGS ARE:		5 Gauzed wrapped <input checked="" type="checkbox"/> 8 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)					
SCREEN-PERFORATED INTERVALS: From <u>60</u> ft. to <u>12.5</u> ft., From ft. to ft.					
GRAVEL PACK INTERVALS: From ft. to ft., From ft. to ft.					
6 GROUT MATERIAL:		3 Bentonite    4 Other			
1 Neat cement <input checked="" type="checkbox"/> 2 Cement grout					
Grout Intervals: From <u>3</u> ft. to <u>13</u> ft., From ft. to ft., From ft. to ft.					
What is the nearest source of possible contamination:		10 Livestock pens    14 Abandoned water well			
<input checked="" type="checkbox"/> 1 Septic tank    4 Lateral lines    7 Pit privy    11 Fuel storage    15 Oil well/Gas well		12 Fertilizer storage    16 Other (specify below)			
2 Sewer lines    5 Cess pool    8 Sewage lagoon    13 Insecticide storage					
3 Watertight sewer lines    6 Seepage pit    9 Feedyard		How many feet? <u>80</u>			
Direction from well? <u>East</u>					
FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0	4	Soil			
4	10	Clay			
10	25	Rock			
25	60	Shale			
60	125	Lime			
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <input checked="" type="checkbox"/> (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) <u>6/11/84</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>6/27/84</u> under the business name of <u>Winter Well Drill</u> by (signature) <u>Charles Winter</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, Division of Environment, Environmental Geology Section, Topeka, KS 66620. Send one to WATER WELL OWNER and retain one for your records.					

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