

1 LOCATION OF WATER WELL		Fraction		Section Number		Township Number		Range Number					
County: <u>Butler</u>		<u>SE 1/4 SE 1/4 SW 1/4</u>		<u>24</u>		<u>T 27 S</u>		<u>R 3 E</u>					
Distance and direction from nearest town or city? <u>3 1/2 mi. West of Augusta</u>				Street address of well if located within city?									
2 WATER WELL OWNER: <u>B. J. STOOFS</u>				Board of Agriculture, Division of Water Resources									
RR#, St. Address, Box #: <u>R 3</u>				Application Number:									
City, State, ZIP Code: <u>Augusta KS 67010</u>													
3 DEPTH OF COMPLETED WELL: <u>138</u> ft. Bore Hole Diameter: <u>8</u> in. to <u>138</u> ft., and _____ in. to _____ ft.													
Well Water to be used as:				5 Public water supply		8 Air conditioning		11 Injection well					
☒ Domestic ☐ Feedlot ☐ Oil field water supply				6 Oil field water supply		9 Dewatering		12 Other (Specify below)					
☐ Irrigation ☐ Industrial ☐ Lawn and garden only				7 Lawn and garden only		10 Observation well							
Well's static water level: <u>76</u> ft. below land surface measured on _____ month <u>21</u> day <u>81</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:				5 Wrought iron		8 Concrete tile		Casing Joints: Glued ☒ Clamped _____					
☐ Steel ☐ RMP (SR)				6 Asbestos-Cement		9 Other (specify below)		Welded _____					
☒ PVC ☐ ABS				7 Fiberglass				Threaded _____					
Blank casing dia: <u>5</u> in. to <u>118</u> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.													
Casing height above land surface: <u>14</u> in., weight _____ lbs./ft. Wall thickness or gauge No. <u>160.16</u>													
TYPE OF SCREEN OR PERFORATION MATERIAL:				☒ PVC		10 Asbestos-cement							
☐ Steel ☐ Stainless steel ☐ Fiberglass				8 RMP (SR)		11 Other (specify)							
☐ Brass ☐ Galvanized steel ☐ Concrete tile				9 ABS		12 None used (open hole)							
Screen or Perforation Openings Are:				5 Gauzed wrapped		☒ Saw cut		11 None (open hole)					
☐ Continuous slot ☐ Mill slot				6 Wire wrapped		9 Drilled holes							
☐ Louvered shutter ☐ Key punched				7 Torch cut		10 Other (specify)							
Screen-Perforation Dia: <u>5</u> in. to <u>138</u> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.													
Screen-Perforated Intervals: From <u>118</u> ft. to <u>138</u> ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.													
Gravel Pack Intervals: From <u>138</u> ft. to <u>58</u> ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.													
5 GROUT MATERIAL:				1 Neat cement		☒ Cement grout		3 Bentonite					
Grouted Intervals: From <u>56</u> ft. to <u>46</u> ft., From <u>13</u> ft. to <u>3</u> ft., From _____ ft. to _____ ft.													
What is the nearest source of possible contamination:				10 Fuel storage		14 Abandoned water well							
☒ Septic tank ☐ Cess pool ☐ Sewage lagoon				11 Fertilizer storage		15 Oil well/Gas well							
☐ Sewer lines ☐ Seepage pit ☐ Feed yard				12 Insecticide storage		16 Other (specify below)							
☐ Lateral lines ☐ Pit privy ☐ Livestock pens				13 Watertight sewer lines									
Direction from well: <u>E.</u> How many feet: <u>75</u> ? Water Well Disinfected? Yes ☒ No													
Was a chemical/bacteriological sample submitted to Department? Yes _____ No ☒ If yes, date sample was submitted _____ month _____ day _____ year: Pump Installed? Yes _____ No ☒													
If Yes: Pump Manufacturer's name _____ Model No. _____ HP _____ Volts _____													
Depth of Pump Intake _____ ft. Pumps Capacity rated at _____ gal./min.													
Type of pump: ☐ Submersible ☐ Turbine ☐ Jet ☐ Centrifugal ☐ Reciprocating ☐ Other													
6 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was ☒ constructed, ☐ reconstructed, or ☐ plugged under my jurisdiction and was completed on _____ month <u>21</u> day <u>81</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 _____ month <u>23</u> day <u>81</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		FROM		TO		LITHOLOGIC LOG	
		0		1		Top Soil							
		1		6		Clay Reddish brown							
		6		8		Clay yellow							
		8		22		Limestone yellow							
		22		53		Shale yellow gray							
		53		71		Shale gray							
		71		94		Limestone yellow							
94		113		Shale yellow gray									
113		128		Shale Rusty Red									
128		138		Shale gray									
ELEVATION: <u>Slope</u>													
Depth(s) Groundwater Encountered 1. <u>48</u> ft. 2. <u>105</u> ft. 3. <u>128</u> 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.													