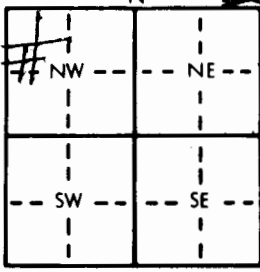


1 LOCATION OF WATER WELL: County: <u>Butler</u>		Fraction: <u>SW 1/4 NW 1/4</u>	Section Number: <u>25</u>	Township Number: <u>T 27 S</u>	Range Number: <u>R 3 E</u>																																										
Distance and direction from nearest town or city street address of well if located within city? <u>4 West One South of Augusta</u>																																															
2 WATER WELL OWNER: RR#, St. Address, Box # : City, State, ZIP Code :		Board of Agriculture, Division of Water Resources Application Number:																																													
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: <div style="text-align: center;"></div>		4 DEPTH OF COMPLETED WELL: <u>105</u> ft. ELEVATION: <u>9-10-83</u> Depth(s) Groundwater Encountered: <u>1. 50</u> ft. 2. <u>50</u> ft. 3. <u>50</u> ft. WELL'S STATIC WATER LEVEL: <u>40</u> ft. below land surface measured on mo/day/yr <u>9-10-83</u> Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm Est. Yield <u>60</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"/> Domestic <input type="checkbox"/> Feedlot <input type="checkbox"/> Oil field water supply <input type="checkbox"/> Dewatering <input type="checkbox"/> Other (Specify below) <input type="checkbox"/> Irrigation <input type="checkbox"/> Industrial <input type="checkbox"/> Lawn and garden only <input type="checkbox"/> Observation well Was a chemical/bacteriological sample submitted to Department? Yes _____ No <u>X</u> If yes, mo/day/yr sample was submitted _____ Water Well Disinfected? Yes <u>X</u> No _____																																													
5 TYPE OF BLANK CASING USED: 1 Steel    3 RMP (SR)    5 Wrought iron    8 Concrete tile    CASING JOINTS: Glued <u>X</u> Clamped _____ 2 PVC    4 ABS    6 Asbestos-Cement    9 Other (specify below)    Welded _____ Blank casing diameter <u>5</u> in. to <u>80</u> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft. Casing height above land surface <u>15</u> in., weight <u>200</u> lbs./ft. Wall thickness or gauge No. <u>S&amp;P 26</u> TYPE OF SCREEN OR PERFORATION MATERIAL: 1 Steel    3 Stainless steel    5 Fiberglass    7 PVC    10 Asbestos-cement 2 Brass    4 Galvanized steel    6 Concrete tile    8 RMP (SR)    11 Other (specify) _____ 9 ABS    12 None used (open hole) SCREEN OR PERFORATION OPENINGS ARE: 1 Continuous slot    3 Mill slot    5 Gauzed wrapped    8 Saw cut    11 None (open hole) 2 Louvered shutter    4 Key punched    6 Wire wrapped    9 Drilled holes 7 Torch cut    10 Other (specify) _____ SCREEN-PERFORATED INTERVALS: From <u>80</u> ft. to <u>105</u> ft., From _____ ft. to _____ ft. GRAVEL PACK INTERVALS: From <u>40</u> ft. to <u>105</u> ft., From _____ ft. to _____ ft.																																															
6 GROUT MATERIAL: 1 Neat cement    2 Cement grout    3 Bentonite    4 Other <u>40-13-7</u> 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: <input checked="" type="checkbox"/> 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) 13 Insecticide storage    How many feet? <u>75</u> Direction from well? <u>N</u> <u>E</u>																																															
<table border="1" style="width:100%; border-collapse: collapse;"><thead><tr><th>FROM</th><th>TO</th><th>LITHOLOGIC LOG</th><th>FROM</th><th>TO</th><th>LITHOLOGIC LOG</th></tr></thead><tbody><tr><td>0</td><td>3</td><td>Soil</td><td></td><td></td><td></td></tr><tr><td>3</td><td>8</td><td>Clay</td><td></td><td></td><td></td></tr><tr><td>8</td><td>20</td><td>Rock</td><td></td><td></td><td></td></tr><tr><td>20</td><td>40</td><td>Clay</td><td></td><td></td><td></td></tr><tr><td>40</td><td>60</td><td>Shale</td><td></td><td></td><td></td></tr><tr><td>60</td><td>105</td><td>Lime</td><td></td><td></td><td></td></tr></tbody></table>						FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG	0	3	Soil				3	8	Clay				8	20	Rock				20	40	Clay				40	60	Shale				60	105	Lime			
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7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <u>(1)</u> constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) <u>9/10/83</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>1251</u> This Water Well Record was completed on (mo/day/yr) <u>9/10/83</u> under the business name of <u>Winterwell Drilling</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.																																															

OFFICE USE ONLY

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