

1 LOCATION OF WATER WELL:		Section Number		Township Number		Range Number	
County: <u>Butler</u>		<u>25</u>		<u>T 27 S</u>		<u>R 3 EW</u>	
Distance and direction from nearest town or city street address of well if located within city? <u>4 1/2 W 1/2 S of Augusta</u>							
2 WATER WELL OWNER:		Board of Agriculture, Division of Water Resources					
RR#, St. Address, Box #		Application Number:					
City, State, ZIP Code		<u>RR3 Box 70 Augusta Kan 67010</u>					
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL: <u>105</u> ft. ELEVATION: _____					
		Depth(s) Groundwater Encountered 1. <u>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>40</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 <u>(X)</u> If yes, mo/day/yr sample was submitted _____					
		Water Well Disinfected? <u>Yes</u> No _____					
5 TYPE OF BLANK CASING USED:		CASING JOINTS: <u>Glued</u> <u>(X)</u> Clamped _____					
1 Steel		Welded _____					
<u>(3)</u> RMP (SR)		Threaded _____					
2 PVC							
4 ABS							
Blank casing diameter <u>5</u> in. to <u>105</u> ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft.							
Casing height above land surface <u>18</u> in., weight <u>200</u> lbs./ft. Wall thickness or gauge No. <u>2.14</u>							
TYPE OF SCREEN OR PERFORATION MATERIAL:							
1 Steel		<u>(8)</u> RMP (SR)					
3 Stainless steel		10 Asbestos-cement					
2 Brass		11 Other (specify) _____					
4 Galvanized steel		12 None used (open hole)					
5 Fiberglass							
6 Concrete tile							
SCREEN OR PERFORATION OPENINGS ARE:		11 None (open hole)					
1 Continuous slot		5 Gauzed wrapped					
3 Mill slot		6 Wire wrapped					
2 Louvered shutter		7 Torch cut					
4 Key punched		8 Saw cut					
		9 Drilled holes					
		10 Other (specify) _____					
SCREEN-PERFORATED INTERVALS: From <u>85</u> ft. to <u>105</u> ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.							
GRAVEL PACK INTERVALS: From <u>40</u> ft. to <u>105</u> ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.							
6 GROUT MATERIAL:		4 Other _____					
1 Neat cement		3 Bentonite					
<u>(2)</u> 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					
<u>(1)</u> Septic tank		14 Abandoned water well					
4 Lateral lines		11 Fuel storage					
2 Sewer lines		15 Oil well/Gas well					
5 Cess pool		12 Fertilizer storage					
3 Watertight sewer lines		16 Other (specify below)					
6 Seepage pit		13 Insecticide storage					
Direction from well? <u>E</u>		How many feet? <u>125</u>					
FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG		
0	3	soil					
3	10	clay					
10	18	rock					
18	25	clay					
25	55	shale					
55	80	lime & shale					
80	105	lime					
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>7/23/81</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/year) <u>7/24/81</u> under the business name of <u>Winter Well 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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SW 1/4

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