

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: <u>Butler</u>		<u>SE</u> $\frac{1}{4}$ <u>NE</u> $\frac{1}{4}$ <u>NE</u> $\frac{1}{4}$	<u>28</u>	T <u>27</u> S	R <u>3</u> E
Distance and direction from nearest town or city street address of well if located within city? <u>2 1/4 mi So of Andover</u>					

2 WATER WELL OWNER: <u>Carmel Solis</u>		Board of Agriculture, Division of Water Resources Application Number:
RR#, St. Address, Box #: <u>706 Laura</u> City, State, ZIP Code: <u>Wichita KS 67211</u>		

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: 	4 DEPTH OF COMPLETED WELL: <u>116</u> ft. ELEVATION: <u>Slope</u>	
	Depth(s) Groundwater Encountered 1. <u>92</u> ft. 2. _____ ft. 3. _____ ft.	
	WELL'S STATIC WATER LEVEL <u>60</u> ft. below land surface measured on mo/day/yr	
	Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm Est. Yield _____ gpm: Well water was _____ ft. after _____ hours pumping _____ gpm Bore Hole Diameter <u>8</u> in. to <u>116</u> ft. and _____ in. to _____ ft.	
WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well <input checked="" type="checkbox"/> Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below) 2 Irrigation 4 Industrial 7 Lawn and garden only 10 Observation well		
Was a chemical/bacteriological sample submitted to Department? Yes _____ No <input checked="" type="checkbox"/> If yes, mo/day/yr sample was submitted _____ Water Well Disinfected? Yes <input checked="" type="checkbox"/> No		

5 TYPE OF BLANK CASING USED:		5 Wrought iron	8 Concrete tile	CASING JOINTS: Glued <input checked="" type="checkbox"/> Clamped _____
1 Steel	3 RMP (SR)	6 Asbestos-Cement	9 Other (specify below)	Welded _____
<input checked="" type="checkbox"/> PVC	4 ABS	7 Fiberglass		Threaded _____
Blank casing diameter <u>5</u> in. to <u>96</u> ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft.		Casing height above land surface <u>12</u> in., weight _____ lbs./ft. Wall thickness or gauge No. _____		
TYPE OF SCREEN OR PERFORATION MATERIAL: <input checked="" type="checkbox"/> PVC				
1 Steel	3 Stainless steel	5 Fiberglass	8 RMP (SR)	10 Asbestos-cement
2 Brass	4 Galvanized steel	6 Concrete tile	9 ABS	11 Other (specify) _____
12 None used (open hole)				
SCREEN OR PERFORATION OPENINGS ARE:				
1 Continuous slot	3 Mill slot	5 Gauzed wrapped	<input checked="" type="checkbox"/> 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>96</u> ft. to <u>116</u> ft., From _____ ft. to _____ ft.				
GRAVEL PACK INTERVALS: From <u>116</u> ft. to <u>13</u> ft., From _____ ft. to _____ ft.				

6 GROUT MATERIAL:		1 Neat cement	<input checked="" type="checkbox"/> Cement grout	3 Bentonite	4 Other _____
Grout Intervals: From <u>13</u> ft. to <u>3</u> ft., From _____ ft. to _____ ft.		What is the nearest source of possible contamination: <u>open field</u>			
1 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?		How many feet?			

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0	1	Top soil			
1	7	Clay brown			
7	18	Shale yellow gray			
18	61	Shale gray			
61	113	Shale Rusty Red			
113	116	Shale light gray			
		Shale Rusty Red			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <input checked="" type="checkbox"/> constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) <u>11-6-82</u> 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 (mo/day/yr) <u>11-7-82</u> under the business name of <u>Braddy Water Wells</u> by (signature) <u>Richard Braddy</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.	