

1 LOCATION OF WATER WELL:		Fraction County: <b>BUTLER</b>	SW 1/4	SW 1/4	NW 1/4	Section Number 30	T 27	S	Range Number R 3 E E/W
Distance and direction from nearest town or city street address of well if located within city? <b>835 South 160th East Andover, Kansas</b>									
2 WATER WELL OWNER: <b>John Lewis</b>		Board of Agriculture, Division of Water Resources Application Number:							
RR#, St. Address, Box # <b>835 South 160th East Andover, Kansas</b>									
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:  		4 DEPTH OF COMPLETED WELL ..... 90 ..... ft. ELEVATION: ..... Depth(s) Groundwater Encountered 1. .... 30 ..... ft. 2. .... ft. 3. .... ft. WELL'S STATIC WATER LEVEL ..... 30. ft. below land surface measured on mo/day/yr <b>6-15-85</b> . 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... 11. .... in. to ..... ft., and ..... in. to ..... ft. WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well 1 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.....X.....; If yes, mo/day/yr sample was submitted Water Well Disinfected? Yes <b>XX</b> No							
5 TYPE OF BLANK CASING USED: 1 Steel <b>3 RMP (SR)</b> 2 PVC <b>4 ABS</b> Blank casing diameter ..... 5 ..... in. to ..... 30 ..... ft., Dia ..... in. to ..... ft., Dia ..... in. to ..... ft.		5 Wrought iron 8 Concrete tile CASING JOINTS: Glued ... <b>XX</b> Clamped ..... 6 Asbestos-Cement 9 Other (specify below) Welded ..... 7 Fiberglass <b>Cer-Mac styrene SDR-26</b> Threaded ..... 7 PVC 10 Asbestos-cement							
Casing height above land surface. .... 12 ..... in., weight ..... 1.59 ..... lbs./ft. Wall thickness or gauge No. .... <b>203</b> .....		11 Other (specify) ..... 12 None used (open hole)							
TYPE OF SCREEN OR PERFORATION MATERIAL: 1 Steel 3 Stainless steel 5 Fiberglass 7 Gauzed wrapped 8 Saw cut 11 None (open hole) 2 Brass 4 Galvanized steel 6 Concrete tile 8 RMP (SR) 9 Drilled holes 1 Continuous slot 3 Mill slot 6 Wire wrapped 7 Torch cut 10 Other (specify) .....		10 Asbestos-cement							
SCREEN OR PERFORATION OPENINGS ARE: 1 Continuous slot 3 Mill slot 6 Wire wrapped 7 Torch cut 8 Saw cut 11 None (open hole) 2 Louvered shutter 4 Key punched 5 Gauzed wrapped 9 Drilled holes 12 None used (open hole)									
SCREEN-PERFORATED INTERVALS: From. .... 30 ..... ft. to ..... 90 ..... ft., From. .... ft. to ..... ft., From. .... ft. to ..... ft.									
GRAVEL PACK INTERVALS: From. .... 14 ..... ft. to ..... 90 ..... ft., From. .... ft. to ..... ft., From. .... ft. to ..... ft.									
6 GROUT MATERIAL: 1 Neat cement 2 <b>Cement grout</b> 3 Bentonite 4 Other .....									
Grout Intervals: From. .... 4 ..... ft. to ..... 14 ..... ft., From. .... ft. to ..... ft., From. .... ft. to ..... ft.									
What is the nearest source of possible contamination: 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? <b>West</b> How many feet? <b>92</b>									
FROM	TO	LITHOLOGIC LOG		FROM	TO	LITHOLOGIC LOG			
0	3	<b>Topsoil</b>							
3	12	<b>Clay</b>							
12	46	<b>Brown Shale</b>							
46	90	<b>Gray Shale</b>							
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) <u>constructed</u> , (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) <b>6-15-85</b> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <b>236</b> . This Water Well Record was completed on (mo/day/yr) <b>10-15-85</b> under the business name of <b>Harp Well &amp; Pump Service, Inc.</b> by (signature) <b>Mary Arnold</b>									
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.									