

1 LOCATION OF WATER WELL:	Fraction County: <b>Butler</b>	NE $\frac{1}{4}$	SW $\frac{1}{4}$	NE $\frac{1}{4}$	Section Number 31	T 27 S	Range Number R 3 E
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Distance and direction from nearest town or city street address of well if located within city?

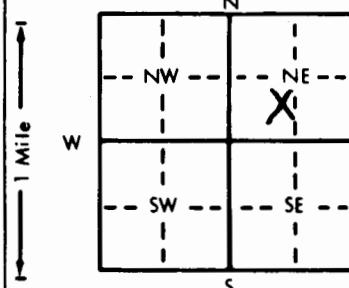
1/4 S. of Andover

2 WATER WELL OWNER: **L.G. Langston**

RR#, St. Address, Box #: **401 N. Wobblawn**  
City, State, ZIP Code: **WICHITA KS 67218**

Board of Agriculture, Division of Water Resources  
Application Number:

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:



4 DEPTH OF COMPLETED WELL. . . . . ft. ELEVATION: . . . . .

Depth(s) Groundwater Encountered 1. . . . . ft. 2. . . . . ft. 3. . . . . ft.

WELL'S STATIC WATER LEVEL . . . . . ft. below land surface measured on mo/day/yr **6/3/93**

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 . . . . . in. to . . . . . ft. and . . . . . in. to . . . . . ft.

WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well

**Domestic** 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)

2 Irrigation 4 Industrial 7 Lawn and garden only 10 Monitoring well

Was a chemical/bacteriological sample submitted to Department? Yes . . . . . No . . . . . If yes, mo/day/yr sample was submitted

Water Well Disinfected? Yes . . . . . No . . . . .

5 TYPE OF BLANK CASING USED:

1 Steel 3 RMP (SR)  
**PVC** 4 ABS

5 Wrought iron

8 Concrete tile

CASING JOINTS **Glued**

Clamped . . . . .

Welded . . . . .

Threaded . . . . .

Blank casing diameter . . . . . in. to . . . . . ft.

**5** . . . . . in. to . . . . . ft.

6 Asbestos-Cement

9 Other (specify below)

7 Fiberglass

7 PVC

10 Asbestos-cement

Casing height above land surface . . . . . in., weight . . . . . lbs./ft. Wall thickness or gauge No.

**12** . . . . . in., weight **160**

11 Other (specify) . . . . .

12 None used (open hole) . . . . .

TYPE OF SCREEN OR PERFORATION MATERIAL:

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) . . . . .  
7 PVC

5 Gauzed wrapped

8 Saw cut

11 None (open hole) . . . . .

6 Wire wrapped

9 Drilled holes

7 Torch cut

10 Other (specify) . . . . .

SCREEN OR PERFORATION OPENINGS ARE:

1 Continuous slot **3 Mill slot**  
2 Louvered shutter 4 Key punched

SCREEN-PERFORATED INTERVALS: From . . . . . ft. to . . . . . ft., From . . . . . ft. to . . . . . ft.

**20** . . . . . ft. to **40** . . . . . ft.

From . . . . . ft. to . . . . . ft., From . . . . . ft. to . . . . . ft.

GRAVEL PACK INTERVALS: From . . . . . ft. to . . . . . ft., From . . . . . ft. to . . . . . ft.

**20** . . . . . ft. to **40** . . . . . ft.

From . . . . . ft. to . . . . . ft., From . . . . . ft. to . . . . . ft.

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other . . . . .

Grout Intervals: From . . . . . ft. to . . . . . ft., From . . . . . ft. to . . . . . ft., From . . . . . ft. to . . . . . ft.

**3** . . . . . ft. to **20** . . . . . ft., From . . . . . ft. to . . . . . ft.

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? **Dawn slope** How many feet? **50+**

FROM TO LITHOLOGIC LOG FROM TO PLUGGING INTERVALS

0	3	<b>Earth</b>			
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3	10	<b>Yellow clay</b>			
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10	40	<b>gray shale</b>			
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7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) **6/3/93** and this record is true to the best of my knowledge and belief. Kansas

Water Well Contractor's License No. **493** This Water Well Record was completed on (mo/day/year) **6/3/93** by (signature) **Jenny Lajima**

INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks, underline or circle the correct answers. Send two three copies to Kansas Department of Health and Environment, Bureau of Water, Topeka, Kansas 66620-7320. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.