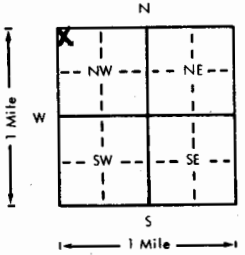


1. LOCATION OF WATER WELL		Fraction		Section Number		Township Number		Range Number	
County: BUTLER		NW 1/4 NW 1/4 NW 1/4		36		T 27 S		R 3 E E/W	
Distance and direction from nearest town or city? 1 E. of Red Wing Airport, 1 S., 1/4 E. on N. side of Rd., Augusta, Ks.				Street address of well if located within city?					
2. WATER WELL OWNER: Melvin Dennett				Board of Agriculture, Division of Water Resources					
RR#, St. Address, Box #: R. #3				Application Number:					
City, State, ZIP Code: Augusta, Ks.									
3. DEPTH OF COMPLETED WELL... 85... ft. Bore Hole Diameter... 11... in. to... ft., and... in. to... ft.									
Well Water to be used as:									
1 Domestic 3 Feedlot 5 Public water supply 8 Air conditioning 11 Injection well									
2 Irrigation 4 Industrial 6 Oil field water supply 9 Dewatering 12 Other (Specify below)									
Well's static water level... 42... ft. below land surface measured on... 10... month... 13... day... 80... year									
Pump Test Data: Well water was... ft. after... hours pumping... gpm									
Est. Yield gpm: Well water was... ft. after... hours pumping... gpm									
4. TYPE OF BLANK CASING USED:									
1 Steel 3 RMP (SR) 5 Wrought iron 8 Concrete tile Casing Joints: Glued X Clamped									
2 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded									
Blank casing dia... 5... in. to... 42... ft., Dia... in. to... ft., Dia... in. to... ft.									
Casing height above land surface... 12... in., weight... lbs./ft. Wall thickness or gauge No... 200									
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)									
Screen or Perforation Openings Are:									
1 Continuous slot 3 Mill slot 5 Gauzed wrapped 8 Saw cut .06 11 None (open hole)									
2 Louvered shutter 4 Key punched 6 Wire wrapped 9 Drilled holes									
7 Torch cut 10 Other (specify)									
Screen-Perforation Dia... 5... in. to... 85... ft., Dia... in. to... ft., Dia... in. to... ft.									
Screen-Perforated Intervals: From... 42... ft. to... 85... ft., From... ft. to... ft., From... ft. to... ft.									
Gravel Pack Intervals: From... 14... ft. to... 85... ft., From... ft. to... ft., From... ft. to... ft.									
5. GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other									
Grouted Intervals: From... 40... ft. to... 14... ft., From... ft. to... ft., From... ft. to... ft.									
What is the nearest source of possible contamination:									
1 Septic tank 4 Cess pool 7 Sewage lagoon 10 Fuel storage 14 Abandoned water well									
2 Sewer lines 5 Seepage pit 8 Feed yard 11 Fertilizer storage 15 Oil well/Gas well									
3 Lateral lines 6 Pit privy 9 Livestock pens 12 Insecticide storage 16 Other (specify below)									
13 Watertight sewer lines									
Direction from well... Northwest... How many feet... 53... ? Water Well Disinfected? Yes X No									
Was a chemical/bacteriological sample submitted to Department? Yes No X If yes, date sample was submitted... month... day... year: Pump Installed? Yes No X									
If Yes: Pump Manufacturer's name... Model No... HP... Volts									
Depth of Pump Intake... ft. Pumps Capacity rated at... gal./min.									
Type of pump: 1 Submersible 2 Turbine 3 Jet 4 Centrifugal 5 Reciprocating 6 Other									
6. CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on... 10... month... 13... day... 80... year									
and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 236									
This Water Well Record was completed on... 12... month... 2... day... 1980... year under the business name of Harp Well & Pump Serv., Inc. by (signature) M. Arnold									
7. LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:									
									
ELEVATION:									
Depth(s) Groundwater Encountered 1... 53... ft. 2... ft. 3... ft. 4... ft. (Use a second sheet if needed)									
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, Water Well Contractors, Topeka, KS 66620. Send one to WATER WELL OWNER and retain one for your records.									