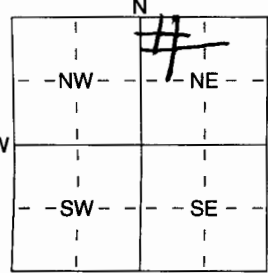


1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: <u>Batter</u>		<u>NW ¼ NW ¼ NE ¼</u>	<u>14</u>	<u>T 27 S</u>	<u>R 4 E</u>
Distance and direction from nearest town or city street address of well if located within city? <u>Augusta</u>					
2 WATER WELL OWNER: <u>Jane Mapes Augusta Kan 67010</u>					
RR#, St. Address, Box # : City, State, ZIP Code : <u>3409 Colonial</u>				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 <u>147</u> ft. ELEVATION:			
		Depth(s) Groundwater Encountered 1 <u>10</u> ft. 2 ..... ft. 3 ..... ft. WELL'S STATIC WATER LEVEL <u>30</u> ft. below land surface measured on mo/day/yr ..... Pump test data: Well water was ..... ft. after ..... hours pumping ..... gpm Est. Yield <u>10</u> gpm: Well water was ..... ft. after ..... hours pumping ..... gpm 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) <u>(7)</u> Domestic (lawn & garden)   10 Monitoring well ..... Was a chemical/bacteriological sample submitted to Department? Yes ..... No <u>X</u> ; If yes, mo/day/yrs sample was submitted Water Well Disinfected? Yes <u>X</u> No			
5 TYPE OF BLANK CASING USED:					
1 Steel <u>(2)</u> PVC		3 RMP (SR) 4 ABS		5 Wrought iron 6 Asbestos-Cement 7 Fiberglass	
Blank casing diameter <u>5</u> in. to <u>60</u> ft., Dia				8 Concrete tile 9 Other (specify below)	
Casing height above land surface <u>18</u> in., weight				CASING JOINTS: Glued <u>X</u> Clamped ..... Welded ..... Threaded .....	
TYPE OF SCREEN OR PERFORATION MATERIAL:					
1 Steel 2 Brass		3 Stainless Steel 4 Galvanized Steel		<u>(1)</u> PVC 8 RMP (SR) 9 ABS	
SCREEN OR PERFORATION OPENINGS ARE:		5 Guazed wrapped 6 Wire wrapped 7 Torch cut		10 Asbestos-Cement 11 Other (Specify) ..... 12 None used (open hole)	
1 Continuous slot 2 Louvered shutter		3 Mill slot 4 Key punched		8 Saw cut 9 Drilled holes 10 Other (specify) .....	
SCREEN-PERFORATED INTERVALS: From <u>60</u> ft. to <u>147</u> ft., From ..... ft. to ..... ft.					
GRAVEL PACK INTERVALS: From ..... ft. to ..... ft., From ..... ft. to ..... ft.					
6 GROUT MATERIAL:					
1 Neat cement Grout Intervals: From <u>3</u> ft. to <u>23</u> ft., From ..... ft. to ..... ft.		2 Cement grout 3 Bentonite		4 Other .....	
What is the nearest source of possible contamination:					
1 Septic tank 2 Sewer lines <u>(3)</u> Watertight sewer lines		4 Lateral lines 5 Cess pool 6 Seepage pit		7 Pit privy 8 Sewage lagoon 9 Feedyard	
Direction from well? <u>S</u>				10 Livestock pens 11 Fuel storage 12 Fertilizer storage 13 Insecticide storage	
				14 Abandoned water well 15 Oil well/Gas well 16 Other (specify below) ..... How many feet? <u>150</u>	
FROM TO LITHOLOGIC LOG FROM TO PLUGGING INTERVALS					
<u>0</u> <u>2</u> Soil					
<u>2</u> <u>15</u> Clay					
<u>15</u> <u>20</u> Rock					
<u>20</u> <u>147</u> Shale & Lime					
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>11/9/85</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's Licence No. <u>23</u> This Water Well Record was completed on (mo/day/yr) <u>11/18/85</u> under the business name of <u>Winter Well Drill</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, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-5522. Send one to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well.					