

<b>1 LOCATION OF WATER WELL:</b>		Fraction		Section Number		Township Number		Range Number	
County: <b>Butler</b>		<b>SW</b> $\frac{1}{4}$ <b>NE</b> $\frac{1}{4}$ <b>NW</b> $\frac{1}{4}$		<b>27</b>		T <b>27</b> S		R <b>4</b> EW	
Distance and direction from nearest town or city street address of well if located within city? <b>The well is located approximately 227 feet south and 500 feet west of W 6<sup>th</sup> Ave and Oak Street in Augusta.</b> <b>Latitude N37° 40' 38.40" Longitude W96° 58' 59.73"</b>									
<b>2 WATER WELL OWNER: Williams Petroleum Services, LLC</b>									
RR#, St. Address, Box # : <b>PO Box 3483</b>				Board of Agriculture, Division of Water Resources					
City, State, ZIP Code : <b>Tulsa, Oklahoma 74101-3483</b>				Application Number: <b>Not Applicable</b>					
<b>3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:</b>		<b>4 DEPTH OF COMPLETED WELL</b> <b>25</b> ft. <b>ELEVATION:</b>							
		Depth(s) Groundwater Encountered 1 <b>10</b> ft. 2 _____ ft. 3 _____ ft.							
		WELL'S STATIC WATER LEVEL <b>10.78</b> ft. below land surface measured on mo/day/yr <b>9/4/08</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 <b>8</b> in. to <b>25</b> ft. and _____ in. to _____ ft.							
WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well									
1 Domestic 3 Feed lot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)									
2 Irrigation 4 Industrial 7 Lawn and garden (domestic) <b>10</b> Monitoring well									
Was a chemical/bacteriological sample submitted to Department? Yes _____ No <b>X</b> If yes, mo/day/yr sample was submitted									
Water Well Disinfected? Yes _____ No _____									
<b>5 TYPE OF BLANK CASING USED:</b>									
1 Steel 3 RMP (SR) 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued _____ Clamped _____									
<b>2</b> PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) <b>Threaded</b>									
7 Fiberglass									
Blank casing diameter <b>2</b> in. to <b>20</b> in. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft.									
Casing height above land surface <b>22.8</b> in., weight <b>0.682</b> lbs./ft. Wall thickness or gauge No. <b>0.1875 in.</b>									
TYPE OF SCREEN OR PERFORATION MATERIAL: <b>7</b> PVC 10 Asbestos-cement									
1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 11 Other (specify)									
2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 12 None used (open hole)									
SCREEN OR PERFORATION OPENINGS ARE:									
1 Continuous slot <b>3</b> Mill slot 5 Gauzed wrapped 8 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 <b>20</b> ft. to <b>25</b> ft. From _____ ft. to _____ ft.									
GRAVEL PACK INTERVALS: From <b>18</b> ft. to <b>25</b> ft. From _____ ft. to _____ ft.									
<b>6 GROUT MATERIAL:</b> 1 Neat cement 2 Cement grout <b>3 Bentonite</b> 4 Other _____									
Grout intervals From <b>0</b> ft. to <b>18</b> 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 <b>16</b> Other (specify below)									
<b>oil refinery processing</b>									
Direction from well? <b>S</b> How many feet? <b>approximately 550</b>									
FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS			
<b>0</b>	<b>10</b>	<b>01</b>	<b>Dark brown to black, fat clay</b>						
<b>10</b>	<b>20</b>	<b>03</b>	<b>Light gray/brown, silty, lean clay</b>						
<b>20</b>	<b>25</b>	<b>07</b>	<b>Fine sand</b>						
<b>25</b>	<b>25</b>	<b>20</b>	<b>Fossiliferous limestone</b>						
<b>7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:</b> This water well was <b>(1) constructed</b> , (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/yr) <b>8/14/08</b> and this record is true to the best of my knowledge and belief. Kansas									
Water Well Contractor's License No. <b>616</b>				This Water Well Record was completed on (mo/day/yr) <b>3/18/09</b>					
under the business name of <b>Thiele Geotech, Inc.</b>				by (signature)					

OFFICE USE ONLY

T

R

SEC

INSTRUCTIONS: Please fill in blanks and circle the correct answers. Send three copies to Kansas Department of Health and Environment, Bureau of Water, Topeka, Kansas 66620-0001. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.