

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: Butler		SE ¼ NE ¼ SW ¼	27	T 27 S	R 4 EW

Distance and direction from nearest town or city street address of well if located within city?
The well is located approximately 822 feet south and 330 feet west of W 2nd Ave and Oak Street in Augusta.
Latitude N37° 40' 12.85" Longitude W96° 58' 57.67"

2 WATER WELL OWNER: Williams Petroleum Services, LLC		Board of Agriculture, Division of Water Resources
RR#, St. Address, Box #: PO Box 3483		Application Number: Not Applicable
City, State, ZIP Code: Tulsa, Oklahoma 74101-3483		

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

4 DEPTH OF COMPLETED WELL **39** ft. ELEVATION: _____

Depth(s) Groundwater Encountered 1 **15** ft. 2 _____ ft. 3 _____ ft.

WELL'S STATIC WATER LEVEL **10.72** ft. below land surface measured on mo/day/yr **9/4/08**

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 **8** in. to **39** ft. and _____ in. to _____ ft.

WELL WATER TO BE USED AS:

1 Domestic	3 Feed lot	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)

10 **Monitoring well**

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

Water Well Disinfected? Yes _____ No _____

5 TYPE OF BLANK CASING USED:		5 Wrought Iron	8 Concrete tile	CASING JOINTS: Glued _____ Clamped _____
1 Steel	3 RMP (SR)	6 Asbestos-Cement	9 Other (specify below)	Welded _____
2 PVC	4 ABS	7 Fiberglass		Threaded

Blank casing diameter **2** in. to **34** ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.

Casing height above land surface **24** in., weight **0.682** lbs./ft. Wall thickness or gauge No. **0.1875 in.**

TYPE OF SCREEN OR PERFORATION MATERIAL:		7 PVC	10 Asbestos-cement
1 Steel	3 Stainless steel	8 RMP (SR)	11 Other (specify)
2 Brass	4 Galvanized steel	9 ABS	12 None used (open hole)

SCREEN OR PERFORATION OPENINGS ARE:

1 Continuous slot	3 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 **34** ft. to **39** ft. From _____ ft. to _____ ft.

GRAVEL PACK INTERVALS: From **32** ft. to **39** ft. From _____ ft. to _____ ft.

6 GROUT MATERIAL:		1 Neat cement	2 Cement grout	3 Bentonite	4 Other _____
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Grout intervals From **0** ft. to **32** 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)
			13 Insecticide storage	

Direction from well? **SW** How many feet? **approximately 70**

FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	25	01	Dark gray and brown, fat clay			
25	30	03	Dark gray, silty, lean clay			
30	32	17	Dark gray sand and gravel			
32	34	03	Dark gray, silty, lean clay			
34	39	17	Dark gray sand and gravel			
39	39	20	Fossiliferous, cherty limestone			

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/yr) 8/11/08 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 616 This Water Well Record was completed on (mo/day/yr) 3/18/09 under the business name of Thiele Geotech, Inc. by (signature) <i>[Signature]</i>	
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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.

OFFICE USE ONLY

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