

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: Butler		NW $\frac{1}{4}$ NW $\frac{1}{4}$ SW $\frac{1}{4}$	27	T 27 S	R 4 E

Distance and direction from nearest town or city street address of well if located within city?
The well is located approximately 349 feet south and 184 feet east of W 2nd Ave and SW Dike Rd in Augusta.
Latitude N37° 40' 17.65" Longitude W96° 59' 21.72"

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 **26** ft. ELEVATION:

Depth(s) Groundwater Encountered 1 **10** ft. 2 _____ ft. 3 _____ ft.

WELL'S STATIC WATER LEVEL **9.31** 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 **26** 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) **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:

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

Blank casing diameter **2** in. to **21** ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.

Casing height above land surface **28.8** in., weight **0.682** lbs./ft. Wall thickness or gauge No. **0.1875 in.**

TYPE OF SCREEN OR PERFORATION MATERIAL:

1 Steel	3 Stainless steel	5 Fiberglass	7 PVC	10 Asbestos-cement
2 Brass	4 Galvanized steel	6 Concrete tile	8 RMP (SR)	11 Other (specify) _____
			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 **21** ft. to **26** ft. From _____ ft. to _____ ft.

GRAVEL PACK INTERVALS: From **19** ft. to **26** ft. From _____ ft. to _____ ft.

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

Grout Intervals From **0** ft. to **19** 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	asphalt disposal area

Direction from well? **S** How many feet? **180**

FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	10	01	Dark brown/black clay			
10	26	01	Dark gray clay			
26	26	20	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) **8/6/08** 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) *[Signature]*

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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