			Form V			ision of Water		Well ID		
Original Record Correction Change in Well Use 1 LOCATION OF WATER WELL: Fraction					urces App. No. tion Number		Township Number Range Number			
County: Butler SW 1/4 SW 1/4 NW 1/4						27	27 T 27 S R 4 ■ E □ W			
2 WELL OWNER: Last Name: First: Street or Rural Address where well is located (if unknown, distance and										
2 WELL OWNER: Last Name: Business: William's Retroleum Services, Last Name: Address: One William's Contact Walnut Biver Project										
Address: VValnut River Project										
City: ナン らぬ Stateの ZIP: パソカ East of Highway 77 south of Augusta, KS										
3 LOCATE WELL WITH "X" IN 4 DEPTH OF COMPLETED WELL: 25 ft. 5 Latitude: 37.67028 2692. (decimal degrees)										
SECTION ROX: Depth(s) Groundwater Encountered: 1)24ft. Longitude:96.97984.24.7(decimal de									(decimal degrees)	
2)N/A ft. 3)N/A ft., or 4) Dry Well WELL'S STATIC WATER LEVEL:24.00 ft. Source for Latitude/Longitude:									83 □ NAD 27	
below land surface, measured on (mo-day-yr)1-26-16.										
NW	above land surface, measured on (mo-day-yr).						(WAAS enabled? ☐ Yes ☐ No)			
Pump test data: Well water wasN/A ft. afterN/Ahours pumping N/A gpm						☐ Land Survey ☐ Topographic Map				
Well water wasN/A ft.							☐ Online Mapper:			
after. NA hours pumping NA gpm								I made in the control		
Estimated Yield: . S Bore Hole Diamet				:N.Agpm neter:8.25 in. to25 ft. and			Source: Dand Survey GPS Topographic Map			
Bore Hole Diameter:				N/A in to N/A					pograpino map	
7 WELL WATER TO BE USED AS:										
1. Domestic: 5. Public Water Supply: well ID										
	Household 6. Dewatering: how many wells?									
	□ Lawn & Garden 7. □ Aquifer Recharge: well ID						Cased Uncased Geotechnical 12. Geothermal: how many bores?			
1 —	2. Irrigation 9. Environmental Remediation: well ID					a) Closed Loop Horizontal Vertical				
3. Feedlo	3. ☐ Feedlot ☐ Air Sparge ☐ Soil Vapor E					b) Oper	Open Loop Surface Discharge Inj. of Water			
4. Industr				☐ Injection			r (specify):			
Was a chemical/bacteriological sample submitted to KDHE? Yes No If yes, date sample was submitted:										
Water well disinfected? Yes No CASING IONES, II Closed II World II Through										
8 TYPE OF CASING USED: Steel PVC Other										
Casing height above land surface 30 in. Weight MA 1bs/ft. Wall thickness or gauge No. SCh 40.										
TYPE OF SCREEN OR PERFORATION MATERIAL:										
☐ Steel ☐ Stainless Steel ☐ Fiberglass ■ PVC ☐ Other (Specify)										
☐ Brass ☐ Galvanized Steel ☐ Concrete tile ☐ None used (open hole) SCREEN OR PERFORATION OPENINGS ARE:										
☐ Continuous Slot										
☐ Louvered Shutter ☐ Key Punched ☐ Wire Wrapped ☐ Saw Cut ☐ None (Open Hole)										
SCREEN-PERFORATED INTERVALS: From .15										
GRAVEL PACK INTERVALS: From										
9 GROUT MATERIAL: ☐ Neat cement ☐ Cement grout ☐ Bentonite ☐ Other Concrete 0 to 2 feet Grout Intervals: From 2										
Nearest source of possible contamination:										
☐ Septic Tank ☐ Lateral Lines ☐ Pit Privy ☐ Livestock Pens ☐ Insecticide Storage										
□ Sewer Lines □ Cess Pool □ Sewage Lagoon □ Fuel Storage □ Abandoned Water Well □ Watertight Sewer Lines □ Seepage Pit □ Feedyard □ Fertilizer Storage □ Oil Well/Gas Well										
Other (Specify)										
Direction from well? West Distance from well? ~1/2-mile to Refinery ft.										
10 FROM			ITHOLOG		FROM	TO L	ITHO. LOG (cont.) or	PLUGGIN	GINTERVALS	
4	17			d stiff med plasticity nard no plasticity	4					
17	22			sh brown moist	+					
''		slight plastic		D. OHII IIIOIGE						
22	25			own moist medium						
		plasticity								
	25 Bottom of Boring				Notes:	Notes:				
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, reconstructed, or plugged										
under my jurisdiction and was completed on (mo-day-year) .1.26.20.16 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No759 This Water Well Record was completed on (mo-day-year) .3.6.20.16										
Kansas Wa	iter Well Co	entractor's Lic	ense No('₽♥ This Wa	ater Well Rec	cord was count	olekted om/mo/daty-y	ear) .3 .6. 2	0.15	
under the b	usiness nan 1 white copy a	long with a fee of	\$5.00 for eac	nental LLC	S1 Isas Denartment	of Health and Fr	vironment Bureau of W	ater, GWTS	Section.	
Mail 1 white copy along with a fee of \$5.00 for each constructed well to: Kansas Department of Health and Environment, Bureau of Water, GWTS Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Mail one to Water Well Owner and retain one for your records. Telephone 785-296-5524.										
Visit us at http://www.kdheks.gov/waterwell/index.html KSA 82a-1212 Revised 7/10/20										