

1 LOCATION OF WATER WELL		Fraction	Section Number	Township Number	Range Number
County: <u>Butler</u>		<u>NE 1/4 SW 1/4 NE 1/4</u>	<u>3</u>	<u>T 27 S</u>	<u>R 4 EW</u>
Distance and direction from nearest town or city? <u>3 1/2 N Augusta</u>			Street address of well if located within city?		
2 WATER WELL OWNER: <u>Orwen Nickles</u>					
RR#, St. Address, Box # : <u>R1 Augusta 69010</u>			Board of Agriculture, Division of Water Resources		
City, State, ZIP Code			Application Number:		
3 DEPTH OF COMPLETED WELL <u>125</u> ft. Bore Hole Diameter <u>8</u> in. to . . . . . ft., and . . . . . in. to . . . . . ft.					
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)
		7 Lawn and garden only	10 Observation well		
Well's static water level <u>60</u> ft. below land surface measured on <u>5</u> month <u>10</u> day <u>27</u> year					
Pump Test Data : Well water was <u>65</u> ft. after <u>5</u> hours pumping <u>Bailing 30</u> gpm					
Est. Yield <u>30</u> gpm: Well water was . . . . . ft. after . . . . . hours pumping . . . . . gpm					
4 TYPE OF BLANK CASING USED:					
1 Steel		3 RMP (SR)	5 Wrought iron	8 Concrete tile	Casing Joints: Glued <input checked="" type="checkbox"/> Clamped . . . . .
2 PVC		4 ABS	6 Asbestos-Cement	9 Other (specify below)	Welded . . . . .
			7 Fiberglass		Threaded . . . . .
Blank casing dia <u>8 3/8</u> in. to <u>125</u> ft. Dia . . . . . in. to . . . . . ft. Dia . . . . . in. to . . . . . ft.					
Casing height above land surface <u>18</u> in., weight . . . . . lbs./ft. Wall thickness or gauge No. <u>1175</u>					
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-Perforation Dia <u>6</u> in. to <u>80/100</u> ft. Dia . . . . . in. to . . . . . ft. Dia . . . . . in. to . . . . . ft.					
Screen-Perforated Intervals: From <u>80/100</u> ft. to <u>100</u> ft., From . . . . . ft. to . . . . . ft., From . . . . . ft. to . . . . . ft.					
Gravel Pack Intervals: <u>None</u> From . . . . . ft. to . . . . . ft., From . . . . . ft. to . . . . . ft., From . . . . . ft. to . . . . . ft.					
5 GROUT MATERIAL:					
1 Neat cement		2 Cement grout	3 Bentonite	4 Other	
Grouted Intervals: From <u>0</u> ft. to <u>10</u> ft., From . . . . . ft. to . . . . . ft., From . . . . . ft. to . . . . . ft.					
What is the nearest source of possible contamination:					
1 Septic tank		4 Cess pool	7 Sewage lagoon	10 Fuel storage	14 Abandoned water well
2 Sewer lines		5 Seepage pit	8 Feed yard	11 Fertilizer storage	15 Oil well/Gas well
3 Lateral lines		6 Pit privy	9 Livestock pens	12 Insecticide storage	16 Other (specify below)
Direction from well <u>E</u> How many feet <u>100</u> ? Water Well Disinfected? Yes <u>Yes</u> No					
Was a chemical/bacteriological sample submitted to Department? Yes <u>No</u> If yes, date sample					
was submitted . . . . . month . . . . . day . . . . . year: Pump Installed? Yes <u>No</u>					
If Yes: Pump Manufacturer's name . . . . . Model No. . . . . HP . . . . . Volts . . . . .					
Depth of Pump Intake . . . . . ft. Pumps Capacity rated at . . . . . gal./min.					
Type of pump:					
1 Submersible		2 Turbine	3 Jet	4 Centrifugal	5 Reciprocating
					6 Other
6 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was					
completed on <u>5</u> month <u>11</u> day <u>77</u> year					
and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>257</u>					
This Water Well Record was completed on <u>4</u> month <u>17</u> day <u>80</u> year under the business					
name of <u>Winter Well Drill</u> by (signature) <u>Charles Winter</u>					
7 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		LITHOLOGIC LOG		LITHOLOGIC LOG	
		FROM	TO	FROM	TO
		<u>0</u>	<u>4</u>		
		<u>4</u>	<u>20</u>		
		<u>20</u>	<u>35</u>		
		<u>35</u>	<u>50</u>		
		<u>50</u>	<u>125</u>		
		<u>Soil</u> <u>Rock</u> <u>Clay</u> <u>Shale</u> <u>Lime</u>			
ELEVATION:					
Depth(s) Groundwater Encountered 1. <u>90</u> ft. 2. . . . . ft. 3. . . . . ft. 4. . . . . ft. (Use a second sheet if needed)					

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, Division of Environment, Water Well Contractors, Topeka, KS 66620. Send one to WATER WELL OWNER and retain one for your records.

OFFICE USE ONLY

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R

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CEW

SEC

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NE 1/4

SW 1/4

NE 1/4

NE 1/4