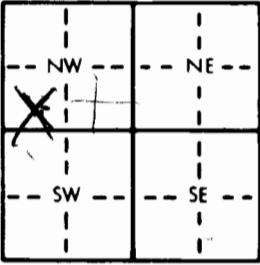


1 LOCATION OF WATER WELL:		Fraction	Township Number	Range Number
County: <u>BUTLER</u>		<u>SW</u> $\frac{1}{4}$ SW $\frac{1}{4}$ NW $\frac{1}{4}$	T <u>27</u> S	R <u>4</u> E/W
Distance and direction from nearest town or city street address of well if located within city? <u>KELLOGGE & LILLY LAKE Rd, 2 mi., NO. 1 W, 1 1/2 NO, E. side</u>				
2 WATER WELL OWNER:				
RR#, St. Address, Box # City, State, ZIP Code		Board of Agriculture, Division of Water Resources Application Number:		
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL.		
		Depth(s) Groundwater Encountered <u>60</u> ft. ELEVATION: ft. 2. _____ ft. 3. _____ ft.		
		Well's Static Water Level <u>30-30</u> ft. below land surface measured on mo/day/yr <u>5/10/90</u>		
		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 <u>10</u> in. to _____ ft., and _____ in. to _____ ft.		
		WELL WATER TO BE USED AS:		
		<input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Feedlot <input type="checkbox"/> Oil field water supply <input type="checkbox"/> Dewatering <input type="checkbox"/> Injection well <input type="checkbox"/> Irrigation <input type="checkbox"/> Industrial <input type="checkbox"/> Lawn and garden only <input type="checkbox"/> Monitoring well <input type="checkbox"/> Other (Specify below)		
		Was a chemical/bacteriological sample submitted to Department? Yes No If yes, mo/day/yr sample was submitted		
		Water Well Disinfected Yes No		
5 TYPE OF BLANK CASING USED:				
Blank casing diameter _____ in. to _____ ft., Dia _____ in. to _____ ft., weight _____ lbs./ft. Wall thickness or gauge No. _____				
Casing height above land surface _____ in., weight _____ lbs./ft. Wall thickness or gauge No. _____				
TYPE OF SCREEN OR PERFORATION MATERIAL:				
SCREEN OR PERFORATION OPENINGS ARE:				
SCREEN-PERFORATED INTERVALS: From _____ ft. to _____ ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.				
GRAVEL PACK INTERVALS: From _____ ft. to _____ ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.				
6 GROUT MATERIAL:				
Grout Intervals: From _____ ft. to _____ ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.				
What is the nearest source of possible contamination:				
Direction from well?				
LITHOLOGIC LOG FROM TO PLUGGING INTERVALS				
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/year)				
This Water Well Record was completed on (mo/day/yr) by signature				

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, Bureau of Water Protection, Topeka, Kansas 66620-7320. Telephone: 913-236-5514. Send one to WATER WELL OWNER and retain one for your records.