

1 LOCATION OF WATER WELL:		Fraction County: <b>Batler</b>	1/4 NW 1/4 NE 1/4	Section Number 14	Township Number T 27 S	Range Number R 4 E	
Distance and direction from nearest town or city street, address of well if located within city? <b>City of Augusta</b>							
2 WATER WELL OWNER:		<b>Dave McAdams</b> <i>Augusta Kan</i>					Board of Agriculture, Division of Water Resources
RR#, St. Address, Box #		<b>3409 Quail Avenue 67010</b>					Application Number:
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL <b>105</b> ft. ELEVATION: <b>85</b>					
		Depth(s) Groundwater Encountered <b>1</b> ft. 2. <b>85</b> ft. 3. <b>85</b> ft.					
		WELL'S STATIC WATER LEVEL <b>80</b> ft. below land surface measured on mo/day/yr					
		Pump test data: Well water was ft. after hours pumping gpm					
		Est. Yield <b>30</b> gpm; Well water was ft. after hours pumping gpm					
		Bore Hole Diameter <b>85</b> in. to ft. and in. to ft.					
		WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well					
		1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)					
		2 Irrigation 4 Industrial 7 Lawn and garden only 10 Observation well					
		Was a chemical/bacteriological sample submitted to Department? Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> If yes, mo/day/yr sample was submitted					
		Water Well Disinfected? Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>					
5 TYPE OF BLANK CASING USED:		5 Wrought iron 8 Concrete tile 10 Asbestos-cement			CASING JOINTS: Glued <input checked="" type="checkbox"/> Clamped <input type="checkbox"/>		
1 Steel <b>3</b> RMP (SR)		6 Asbestos-Cement 9 Other (specify below)			Welded <input type="checkbox"/>		
2 PVC <b>4</b> ABS		7 Fiberglass			Threaded <input type="checkbox"/>		
Blank casing diameter <b>3</b> in. to <b>50</b> ft. Dia.		in. to ft. Dia.			in. to ft.		
Casing height above land surface <b>18</b> in., weight <b>200</b> lbs./ft.					Wall thickness or gauge No. <b>214</b>		
TYPE OF SCREEN OR PERFORATION MATERIAL:		7 PVC 10 Asbestos-cement					
1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR)		6 Wire wrapped 9 ABS			11 Other (specify) <input type="checkbox"/>		
2 Brass 4 Galvanized steel 6 Concrete tile		5 Gauzed wrapped 7 Torch cut			12 None used (open hole) <input type="checkbox"/>		
SCREEN OR PERFORATION OPENINGS ARE:		8 Saw cut 11 None (open hole)					
1 Continuous slot 3 Mill slot 6 Wire wrapped		9 Drilled holes					
2 Louvered shutter 4 Key punched 7 Torch cut		10 Other (specify) <input type="checkbox"/>					
SCREEN-PERFORATED INTERVALS: From. <b>50</b> ft. to <b>105</b> 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: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other							
Grout Intervals: From. <b>3</b> ft. to <b>13</b> ft., From. ft. to ft., From. ft. to ft., From. ft. to ft.							
What is the nearest source of possible contamination:		10 Livestock pens 14 Abandoned water well					
1 Septic tank 4 Lateral lines 7 Pit privy 11 Fuel storage		11 Fuel storage 15 Oil well/Gas well					
2 Sewer lines 5 Cess pool 8 Sewage lagoon 12 Fertilizer storage		12 Fertilizer storage 16 Other (specify below)					
3 Watertight sewer lines 6 Seepage pit 9 Feedyard		13 Insecticide storage					
Direction from well?		How many feet?					
FROM <b>0</b> TO <b>3</b> LITHOLOGIC LOG <b>SOIL</b>		FROM <b>3</b> TO <b>12</b> LITHOLOGIC LOG <b>CLAY</b>			FROM <b>12</b> TO <b>105</b> LITHOLOGIC LOG <b>STAKE LINE</b>		
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <b>1</b> constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) <b>5/30/86</b> and this record is true to the best of my knowledge and belief. Kansas							
Water Well Contractor's License No. <b>251</b> This Water Well Record was completed on (mo/day/yr) <b>6/6/86</b> by (signature) <b>Carlisle Center</b>							
under the business name of <b>Winter Well Drill</b>							
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, Environmental Geology Section, Topeka, KS 66620. Send one to WATER WELL OWNER and retain one for your records.							