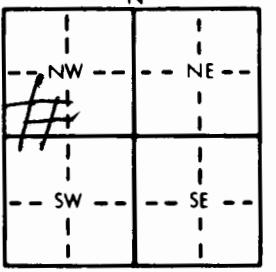


1 LOCATION OF WATER WELL:		Fraction County: <i>Butler</i>	1/4 <i>SE</i> 1/4 <i>SW</i> 1/4 <i>NW</i> 1/4	Section Number 14	Township Number T 27 S	Range Number R 4 E
Distance and direction from nearest town or city street address of well if located within city? <i>1224 Spencer</i>						
2 WATER WELL OWNER:		<i>SCOTT WHEELER</i>		<i>Augusta Kan</i>		
RR#, St. Address, Box # :		<i>1224 Spencer</i>		Board of Agriculture, Division of Water Resources		
City, State, ZIP Code		<i>67010</i>		Application Number:		
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL <i>25</i> ft. ELEVATION: _____				
		Depth(s) Groundwater Encountered <i>180</i> ft. 2. _____ ft. 3. _____ ft. WELL'S STATIC WATER LEVEL <i>25</i> ft. below land surface measured on mo/day/yr Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm Est. Yield <i>10</i> gpm Well water was _____ ft. after _____ hours pumping _____ gpm Bore Hole Diameter <i>8</i> in. to _____ ft., and _____ in. to _____ ft. WELL WATER TO BE USED AS: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> 3 Feedlot <input type="checkbox"/> 6 Off field water supply <input type="checkbox"/> 9 Dewatering <input type="checkbox"/> 11 Injection well <input type="checkbox"/> 2 Irrigation <input type="checkbox"/> 4 Industrial <input type="checkbox"/> 7 Lawn and garden only <input type="checkbox"/> 10 Monitoring well Was a chemical/bacteriological sample submitted to Department? Yes <input 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 type="checkbox"/>				
5 TYPE OF BLANK CASING USED:		5 Wrought iron	8 Concrete tile	CASING JOINTS: Glued <input checked="" type="checkbox"/> Clamped _____		
1 Steel	3 RMP (SR)	6 Asbestos-Cement	9 Other (specify below)	Welded _____		
<input checked="" type="checkbox"/> PVC	4 ABS	7 Fiberglass		Threaded _____		
Blank casing diameter <i>5</i> in. to <i>10</i> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.		lbs./ft. Wall thickness or gauge No. <i>214</i>				
Casing height above land surface <i>18</i> in., weight <i>160</i>						
6 TYPE OF SCREEN OR PERFORATION MATERIAL:						
1 Steel	3 Stainless steel	5 Fiberglass	8 RMP (SR)	10 Asbestos-cement		
2 Brass	4 Galvanized steel	6 Concrete tile	9 ABS	11 Other (specify) _____		
7 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	12 None used (open hole) _____		
8 SCREEN-PERFORATED INTERVALS: From <i>70</i> ft. to <i>125</i> ft., From _____ ft. to _____ ft.						
9 GRAVEL PACK INTERVALS: From _____ ft. to _____ ft., From _____ ft. to _____ ft.						
10 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____						
Grout Intervals: From <i>0</i> ft. to <i>200</i> ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.						
11 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	<input checked="" type="checkbox"/> 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) _____		
12 Direction from well? <i>S</i> How many feet? <i>275</i>						
FROM <i>0</i>	TO <i>15</i>	LITHOLOGIC LOG		FROM	TO	PLUGGING INTERVALS
<i>15</i>		<i>Soil Clay & Lime</i>				
13 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <input checked="" type="checkbox"/> constructed, <input type="checkbox"/> reconstructed, or <input type="checkbox"/> plugged under my jurisdiction and was completed on (mo/day/year) <i>3/13/91</i> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <i>251</i> This Water Well Record was completed on (mo/day/year) <i>3/20/91</i> by (signature) <i>Charles Winter</i>						
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, Topeka, Kansas 66620-7320. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.						