

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: <b>BUTLER</b>		<b>SE 1/4 SW 1/4 SW 1/4</b>	<b>18</b>	<b>T 27 S</b>	<b>R 4 E/W</b>
Distance and direction from nearest town or city street address of well if located within city? <b>HIWAY 54 + SANTA FE LAKE RD. 1 NORTH 1/3 EAST NORTH SIDE</b>					
2 WATER WELL OWNER: <b>WILBUR KELLOGG</b>		Board of Agriculture, Division of Water Resources			
RR#, St. Address, Box # : <b>RR #1</b>		Application Number:			
City, State, ZIP Code : <b>POTWIN, KANSAS 67123</b>					
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL: <b>97</b> ft. ELEVATION:			
		Depth(s) Groundwater Encountered 1. <b>40</b> ft. 2. <b>60</b> ft. 3. .... ft.			
		WELL'S STATIC WATER LEVEL <b>30</b> ft. below land surface measured on mo/day/yr			
		Pump test data: Well water was .... ft. after .... hours pumping .... gpm			
		Est. Yield <b>40</b> gpm Well water was .... ft. after .... hours pumping .... gpm			
		Bore Hole Diameter <b>8</b> in. to .... ft., and .... in. to .... ft.			
		WELL WATER TO BE USED AS:			
		<input checked="" type="checkbox"/> Domestic    3 Feedlot    6 Oil field water supply    9 Dewatering    12 Other (Specify below) <input type="checkbox"/> 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..... If yes, mo/day/yr sample was submitted			
5 TYPE OF BLANK CASING USED:		Casing Joints: <input checked="" type="checkbox"/> Glued <input type="checkbox"/> Clamped <input type="checkbox"/> Welded <input type="checkbox"/> Threaded			
1 Steel    3 RMP (SR) <input checked="" type="checkbox"/> 2 PVC    4 ABS		5 Wrought iron    8 Concrete tile 6 Asbestos-Cement    9 Other (specify below)			
Blank casing diameter <b>5</b> in. to .... ft., Dia. .... in. to .... ft., Dia. .... in. to .... ft.					
Casing height above land surface <b>18</b> in., weight <b>160</b> lbs./ft. Wall thickness or gauge No. ....					
TYPE OF SCREEN OR PERFORATION MATERIAL:		<input checked="" type="checkbox"/> 7 PVC    10 Asbestos-cement 1 Steel    3 Stainless steel    5 Fiberglass    8 RMP (SR)    11 Other (specify) ..... 2 Brass    4 Galvanized steel    6 Concrete tile    9 ABS    12 None used (open hole)			
SCREEN OR PERFORATION OPENINGS ARE:		5 Gauzed wrapped    8 Saw cut    11 None (open hole) 1 Continuous slot <input checked="" type="checkbox"/> 3 Mill slot    6 Wire wrapped    9 Drilled holes 2 Louvered shutter    4 Key punched    7 Torch cut    10 Other (specify) .....			
SCREEN-PERFORATED INTERVALS: From <b>77</b> ft. to <b>97</b> ft., From .... ft. to .... ft.					
GRAVEL PACK INTERVALS: From <b>20</b> ft. to <b>97</b> ft., From .... ft. to .... ft.					
6 GROUT MATERIAL: <input checked="" type="checkbox"/> 1 Neat cement    2 Cement grout    3 Bentonite    4 Other .....					
Grout Intervals: 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    15 Oil well/Gas well 2 Sewer lines    5 Cess pool <input checked="" type="checkbox"/> 8 Sewage lagoon    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? <b>100</b>			
FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0	7	Sp. Clay			
7	20	Brown Clay			
20	27	Green Shale			
27	37	Gray Shale			
37	50	Dark Gray Shale			
50	57	Red Bed			
57	70	Gray Shale			
70	75	Red Bed			
75	97	Gray Shale			
7 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) <b>June 5, 1984</b> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <b>424</b> This Water Well Record was completed on (mo/day/yr) <b>June 17, 1984</b> under the business name of <b>REISERER WELL DRILLING</b> by (signature) <i>Tom Reiserer</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, Division of Environment, Environmental Geology Section, Topeka, KS 66620. Send one to WATER WELL OWNER and retain one for your records.					