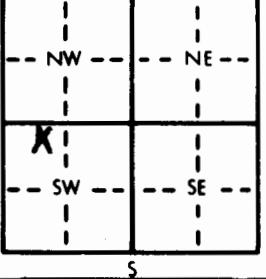


Form WWC-5 K3

KSA 82a-1212

1 LOCATION OF WATER WELL: County: Butler	Fraction NE $\frac{1}{4}$ NW $\frac{1}{4}$ SW $\frac{1}{4}$	Section Number 20	Township Number T 27 S	Range Number R 4 EW	
Distance and direction from nearest town or city street address of well if located within city? <i>1/2 Mi. West of Augusta</i>					
2 WATER WELL OWNER: RR#, St. Address, Box # City, State, ZIP Code	Bonnie Roark Rt 5 Box 2-0 Augusta, KS 67010				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 ft. ELEVATION: Depth(s) Groundwater Encountered ft. 2 ft. 3 ft.	50 45			
	WELL'S STATIC WATER LEVEL ft. below land surface measured on mo/day/yr 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 in. to ft. and in. to ft.	15			
	WELL WATER TO BE USED AS: 1 Domestic 2 Irrigation 3 Feedlot 4 Industrial 5 Public water supply 6 Oil field water supply 7 Lawn and garden only 8 Air conditioning 9 Dewatering 10 Monitoring well 11 Injection well 12 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: 1 Steel 3 RMP (SR) 2 PVC 4 ABS	5 Wrought iron 6 Asbestos-Cement 7 Fiberglass	8 Concrete tile 9 Other (specify below)	CASING JOINTS: Glued Clamped Welded Threaded		
Blank casing diameter in. to ft., Dia in. to ft., Dia in. to ft.					
Casing height above land surface in., weight lbs./ft. Wall thickness or gauge No.	12 160				
TYPE OF SCREEN OR PERFORATION MATERIAL: 1 Steel 3 Stainless steel 2 Brass 4 Galvanized steel	5 Fiberglass 6 Concrete tile	7 PVC 8 RMP (SR) 9 ABS	10 Asbestos-cement 11 Other (specify) 12 None used (open hole)	10 Asbestos-cement 11 Other (specify) 12 None used (open hole)	
SCREEN OR PERFORATION OPENINGS ARE: 1 Continuous slot 3 Mill slot 2 Louvered shutter 4 Key punched	5 Gauzed wrapped 6 Wire wrapped 7 Torch cut		8 Saw cut 9 Drilled holes 10 Other (specify)	11 None (open hole)	
SCREEN-PERFORATED INTERVALS: From ft. to ft., From ft. to ft., From ft. to ft.	30 50				
GRAVEL PACK INTERVALS: From ft. to ft., From ft. to ft., From ft. to ft.	20 50				
6 GROUT MATERIAL: Grout Intervals: From ft. to ft., From ft. to ft., From ft. to ft.	1 Neat cement 2 Cement grout 3 Bentonite	4 Other	10 Livestock pens 11 Fuel storage 12 Fertilizer storage 13 Insecticide storage	14 Abandoned water well 15 Oil well/Gas well 16 Other (specify below)	
What is the nearest source of possible contamination: 1 Septic tank 4 Lateral lines 2 Sewer lines 5 Cess pool 3 Watertight sewer lines 6 Seepage pit	7 Pit privy 8 Sewage lagoon 9 Feedyard	How many feet? 50+			
Direction from well? <i>Downslope</i>	LITHOLOGIC LOG				
FROM	TO		FROM	TO	PLUGGING INTERVALS
0	5	EARTH			
5	18	Brown Clay			
18	30	Yellow Clay			
30	50	Grey Clay			
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) <i>5/20/93</i> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <i>493</i> This Water Well Record was completed on (mo/day/yr) <i>5/20/93</i> by (signature) <i>Deanne L. Lissner</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.					

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) 5/30/93..... and this record is true to the best of my knowledge and belief. Kansas

Water Well Contractor's License No. 1493 This Water Well Record was completed on (mo/day/yr) 10/1/01 by (signature) James L. Linn

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.