

1 LOCATION OF WATER WELL: County: Butler		Fraction SW 1/4 SE 1/4 SW 1/4		Section Number 27		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? 165' East of East Fence & 32' North of South Fence For the Former Augusta Refinery										MW/GM-12	
2 WATER WELL OWNER: Williams Pipeline Company										01928035	
RR#, St. Address, Box # : 10200 West 75th Street, Suite 270										Board of Agriculture, Division of Water Resources	
City, State, ZIP Code : Shawnee Mission, KS 66212										Application Number:	
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL: 37 ft. ELEVATION: Approximate Surface Elev: 1218									
		Depth(s) Groundwater Encountered 1. 999 ft. 2. _____ ft. 3. _____ ft. 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 N/A gpm: Well water was _____ ft. after _____ hours pumping _____ gpm Bore Hole Diameter 7.25 in. to 37 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 Monitoring well Was a chemical/bacteriological sample submitted to Department? Yes _____ No X ; If yes, mo/day/yr sample was submitted _____ Water Well Disinfected? Yes _____ No X									
5 TYPE OF BLANK CASING USED:											
1 Steel 3 RMP (SR) 5 Wrought iron 8 Concrete tile				CASING JOINTS: Glued _____ Clamped _____							
2 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded _____				Stainless Steel Threaded X							
7 Fiberglass											
Blank casing diameter 2 in. to 32 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft. Casing height above land surface 30 in., weight _____ lbs./ft. Wall thickness or gauge No. _____											
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) _____											
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											
7 Torch cut 10 Other (specify) _____											
SCREEN-PERFORATED INTERVALS: From 32 ft. to 37 ft., From _____ ft. to _____ ft. From _____ ft. to _____ ft., From _____ ft. to _____ ft.											
GRAVEL PACK INTERVALS: From 24 ft. to 37 ft., 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 0 ft. to 22 ft., From 22 ft. to 24 ft., From _____ ft. to _____ ft.											
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 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)											
13 Insecticide storage											
Direction from well? _____ How many feet? _____											
FROM TO LITHOLOGIC LOG FROM TO PLUGGING INTERVALS											
0' 29' Dark Gray, Lean to Fat Clay											
29' 37' Gray, Fine to Medium Sand											
37' Gray Limestone											
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) 04/23/93 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 416 This Water Well Record was completed on (mo/day/yr) 7-3-93 by (signature) <i>Steve Furb</i> under the business name of Terracon Consultants, Inc.											
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 66620-0001. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.											