

1 LOCATION OF WATER WELL: County: Butler		Fraction: SW 1/4 SW 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? 225' West of East Fence & 160' North of South Fence for the Former Augusta Refinery										MW/PW-1	
2 WATER WELL OWNER: Williams Pipeline Company										01928035	
RR#, St. Address, Box #: 10200 West 7th 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: 35 ft. ELEVATION: Approximate Surface Elev: 1219.3							
				Depth(s) Groundwater Encountered: 1 ft. 2. ft. 3. ft.							
				WELL'S STATIC WATER LEVEL: 999 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: 8.25 in. to 35 ft., and _____ in. to _____ ft.							
WELL WATER TO BE USED AS:											
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) 6 Asbestos-Cement 9 Other (specify below) CASING JOINTS: Glued _____ Clamped _____											
2 PVC 4 ABS 7 Fiberglass _____ Threaded. X											
Blank casing diameter: _____ in. to 30 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 7 PVC 10 Asbestos-cement											
2 Brass 4 Galvanized steel 6 Concrete tile 8 RMP (SR) 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 30 ft. to 35 ft., From _____ ft. to _____ ft.											
GRAVEL PACK INTERVALS: From 28 ft. to 35 ft., From _____ ft. to _____ ft.											
6 GROUT MATERIAL:											
1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____											
Grout intervals: From 0 ft. to 25 ft., From 25 ft. to 28 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' 4' Brown Lean to Fat Clay											
4' 13' Gray-Brown, Lean to Fat Clay											
13' 23' Dark Gray, Lean to Fat Clay											
23' 28' Gray Lean Clay With Limestone											
28' 34' Gray, Fine to Medium Sand With Gravel											
34' 35' Brown 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) 5-13-93 under the business name of Terracon Consultants, Inc. by (signature) <i>[Signature]</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 66620-0001. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.											