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| 1 LOCATION OF WATER WELL:<br>County: <u>Butler</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | Fraction: <u>SE 1/4 SW 1/4 SW 1/4</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Section Number: <u>11</u> | Township Number: <u>T 27 S</u> | Range Number: <u>R 5 E</u> |
| Distance and direction from nearest town or city street address of well if located within city?<br><u>3 1/2 miles East of Andover</u> ( <u>Sec 11 Lot 136 Wagon wheel Ranch</u> )                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                           |                                |                            |
| 2 WATER WELL OWNER: <u>Gene W Smith</u><br>RR#, St. Address, Box #: <u>RR1 Box 121B</u><br>City, State, ZIP Code: <u>Augusta KS 67010</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                           |                                |                            |
| Board of Agriculture, Division of Water Resources<br>Application Number:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                           |                                |                            |
| 3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:<br>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | 4 DEPTH OF COMPLETED WELL: <u>45</u> ft. ELEVATION:<br>Depth(s) Groundwater Encountered 1. .... ft. 2. .... ft. 3. .... ft.<br>WELL'S STATIC WATER LEVEL <u>30</u> ft. below land surface measured on mo/day/yr <u>June 1981</u><br>Pump test data: Well water was .... ft. after .... hours pumping .... gpm<br>Est. Yield .... gpm: Well water was .... ft. after .... hours pumping .... gpm<br>Bore Hole Diameter .... in. to .... ft., and .... in. to .... ft.<br>WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well<br>1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)<br><u>Irrigation</u> 4 Industrial 7 Lawn and garden only 10 Monitoring well<br>Was a chemical/bacteriological sample submitted to Department? Yes.....No. <u>X</u> ..... If yes, mo/day/yr sample was submitted<br>Water Well Disinfected? Yes <u>X</u> No |                           |                                |                            |
| 5 TYPE OF BLANK CASING USED:<br>1 Steel 3 RMP (SR) 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued ..... Clamped .....<br><u>2 PVC</u> 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded .....<br>Blank casing diameter <u>6</u> in. to .... ft., Dia. .... in. to .... ft., Dia. .... in. to .... ft.<br>Casing height above land surface <u>Even</u> in., weight .... lbs./ft. Wall thickness or gauge No. ....<br>TYPE OF SCREEN OR PERFORATION MATERIAL:<br>1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 10 Asbestos-cement<br>2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 11 Other (specify) <u>NA</u><br>12 None used (open hole)<br>SCREEN OR PERFORATION OPENINGS ARE:<br>1 Continuous slot 3 Mill slot 5 Gauzed wrapped 8 Saw cut 11 None (open hole)<br>2 Louvered shutter 4 Key punched 7 Torch cut 9 Drilled holes 10 Other (specify) <u>NA</u><br>SCREEN-PERFORATED INTERVALS: From <u>NA</u> ft. to <u>NA</u> ft., From .... ft. to .... ft.<br>GRAVEL PACK INTERVALS: From .... ft. to .... ft., From .... ft. to .... ft.<br>From .... ft. to .... ft., From .... ft. to .... ft. |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                           |                                |                            |
| 6 GROUT MATERIAL: <u>1 Neat cement</u> 2 Cement grout 3 Bentonite 4 Other<br>Grout Intervals: From .... ft. to .... ft., From .... ft. to .... ft., From .... ft. to .... ft.<br>What is the nearest source of possible contamination:<br><u>1 Septic tank</u> 4 Lateral lines 7 Pit privy 10 Livestock pens 14 Abandoned water well<br>2 Sewer lines 5 Cess pool 8 Sewage lagoon 11 Fuel storage 15 Oil well/Gas well<br>3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer storage 16 Other (specify below)<br>Direction from well? <u>EAST</u> How many feet? <u>35</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                           |                                |                            |
| FROM TO LITHOLOGIC LOG                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | FROM TO PLUGGING INTERVALS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                           |                                |                            |
| <u>45 6 Sand &amp; Gravel</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                           |                                |                            |
| <u>6 Gravel - Neat Cement</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                           |                                |                            |
| 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) <u>10/23/93</u> and this record is true to the best of my knowledge and belief. Kansas<br>Water Well Contractor's License No. .... This Water Well Record was completed on (mo/day/yr) <u>10/23/93</u><br>under the business name of .... by (signature) <u>Gene W Smith</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                           |                                |                            |
| 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.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                           |                                |                            |