

1 LOCATION OF WATER WELL		Fraction	Section Number	Township Number	Range Number		
County: <u>Butler</u>		<u>SW 1/4 SW 1/4 SW 1/4</u>	<u>31</u>	<u>T 27 S</u>	<u>R 5 E</u>		
Distance and direction from nearest town or city? <u>2 E 2 S of Augusta</u>			Street address of well if located within city?				
2 WATER WELL OWNER: <u>Tom Eagleson</u>			Board of Agriculture, Division of Water Resources				
RR#, St. Address, Box #: <u>1155 Osage Augusta Kan 67610</u>			Application Number:				
3 DEPTH OF COMPLETED WELL: <u>145</u> ft. Bore Hole Diameter: <u>8</u> in. to <u>145</u> ft. and _____ in. to _____ ft.							
Well Water to be used as:							
1 Domestic		3 Feedlot	5 Public water supply	8 Air conditioning	11 Injection well		
2 Irrigation		4 Industrial	6 Oil field water supply	9 Dewatering	12 Other (Specify below)		
			7 Lawn and garden only	10 Observation well			
Well's static water level: <u>75</u> ft. below land surface measured on <u>NOV</u> month <u>14</u> day <u>79</u> year							
Pump Test Data: Well water was <u>145</u> ft. after _____ hours pumping. <u>Backlog</u> gpm							
Est. Yield _____ gpm: Well water was _____ ft. after _____ hours pumping <u>200 gpm</u>							
4 TYPE OF BLANK CASING USED:							
1 Steel		3 RMP (SR)	5 Wrought iron	8 Concrete tile	Casing Joints: Glued <u>X</u> Clamped _____		
2 PVC		4 ABS	6 Asbestos-Cement	9 Other (specify below)	Welded _____		
			7 Fiberglass		Threaded _____		
Blank casing dia: <u>5</u> in. to <u>145</u> ft. Dia: <u>145</u> in. to <u>145</u> ft. Dia: _____ in. to _____ ft.							
Casing height above land surface: <u>18</u> in. weight _____ lbs./ft. Wall thickness or gauge No <u>145</u>							
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)		
					12 None used (open hole)		
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-Perforation Dia: <u>5</u> in. to <u>100</u> ft. Dia: _____ in. to _____ ft. Dia: _____ in. to _____ ft.							
Screen-Perforated Intervals: From <u>80</u> ft. to <u>100</u> ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.							
Gravel Pack Intervals: <u>None</u> From _____ ft. to _____ ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.							
5 GROUT MATERIAL:							
1 Neat cement		2 Cement grout	3 Bentonite	4 Other			
Grouted Intervals: From <u>0</u> ft. to <u>10</u> ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.							
What is the nearest source of possible contamination:							
1 Septic tank		4 Cess pool	7 Sewage lagoon	10 Fuel storage	14 Abandoned water well		
2 Sewer lines		5 Seepage pit	8 Feed yard	11 Fertilizer storage	15 Oil well/Gas well		
3 Lateral lines		6 Pit privy	9 Livestock pens	12 Insecticide storage	16 Other (specify below)		
				13 Watertight sewer lines			
Direction from well: <u>S E</u> How many feet: <u>100</u> ? Water Well Disinfected? <u>Yes</u> No							
Was a chemical/bacteriological sample submitted to Department? Yes _____ No _____ If yes, date sample							
was submitted _____ month _____ day _____ year: Pump installed? Yes _____ No _____							
If Yes: Pump Manufacturer's name _____ Model No. _____ HP _____ Volts _____							
Depth of Pump Intake _____ ft. Pumps Capacity rated at _____ gal./min.							
Type of pump: 1 Submersible 2 Turbine 3 Jet 4 Centrifugal 5 Reciprocating 6 Other							
6 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was							
completed on <u>NOV 16</u> month <u>16</u> day <u>79</u> year							
and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>251</u>							
This Water Well Record was completed on <u>NOV</u> month <u>15</u> day <u>79</u> year under the business							
name of <u>Winter Well Drilling</u> by (signature) <u>Charles Winter</u>							
7 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
		0	4	Soil			
		4	10	Clay Red			Owner To Install
		10	25	Rock			Cement Slab around
		25	45	Clay			Well
		45	65	Shale			
		65	100	Lime water			
		100	145	Lime & Shale			
ELEVATION:							
Depth(s) Groundwater Encountered 1. <u>85</u> ft. 2. _____ ft. 3. _____ ft. 4. _____ ft.						(Use a second sheet if needed)	

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, Water Well Contractors, Topeka, KS 66620. Send one to WATER WELL OWNER and retain one for your records.