

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number																																										
County: <u>Butler</u>		<u>SE</u> $\frac{1}{4}$ <u>SW</u> $\frac{1}{4}$ <u>NE</u> $\frac{1}{4}$	<u>19</u>	T <u>28</u> S	R <u>3</u> <u>EW</u>																																										
Distance and direction from nearest town or city street address of well if located within city? <u>Sienna Ranch - 1 mile North of Roschill</u>																																															
2 WATER WELL OWNER: <u>Ron Erker</u>																																															
RR#, St. Address, Box # : <u>3040 Willow Creek</u>																																															
City, State, ZIP Code : <u>Roschill KS 67133</u>																																															
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: <u>97</u> ft. ELEVATION:																																													
		Depth(s) Groundwater Encountered 1. <u>77</u> ft. 2. _____ ft. 3. _____ ft.																																													
		WELL'S STATIC WATER LEVEL <u>25</u> ft. below land surface measured on mo/day/yr																																													
		Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm																																													
		Est. Yield <u>30</u> gpm: Well water was _____ ft. after _____ hours pumping _____ gpm																																													
		Bore Hole Diameter <u>12</u> in. to _____ 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)																																													
		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) 5 Wrought iron 8 Concrete tile CASING JOINTS: <u>Glued</u> Clamped _____ <u>2 PVC</u> 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded _____ Blank casing diameter <u>5</u> in. to _____ ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft. Casing height above land surface <u>12</u> in., weight <u>160</u> lbs./ft. Wall thickness or gauge No. _____ TYPE OF SCREEN OR PERFORATION MATERIAL: <u>7 PVC</u> 10 Asbestos-cement 1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 11 Other (specify) _____ 2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 12 None used (open hole)																																															
SCREEN OR PERFORATION OPENINGS ARE:																																															
1 Continuous slot <u>2 Mill slot</u> 5 Gauzed wrapped 8 Saw cut 11 None (open hole) 2 Louvered shutter 4 Key punched 6 Wire wrapped 9 Drilled holes SCREEN-PERFORATED INTERVALS: From <u>77</u> ft. to <u>47</u> ft., From _____ ft. to _____ ft. GRAVEL PACK INTERVALS: From <u>20</u> ft. to <u>47</u> ft., From _____ ft. to _____ ft. From _____ ft. to _____ ft., From _____ ft. to _____ ft.																																															
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout <u>3 Bentonite</u> 4 Other _____																																															
Grout Intervals: From <u>3</u> ft. to <u>20</u> ft., From _____ ft. to _____ 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 <u>3 Watertight sewer lines</u> 6 Seepage pit 9 Feedyard 12 Fertilizer storage 16 Other (specify below) _____ 13 Insecticide storage																																															
Direction from well? _____ How many feet? <u>40+</u>																																															
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>FROM</th> <th>TO</th> <th>LITHOLOGIC LOG</th> <th>FROM</th> <th>TO</th> <th>PLUGGING INTERVALS</th> </tr> </thead> <tbody> <tr> <td>0</td> <td>3</td> <td>dirt</td> <td></td> <td></td> <td></td> </tr> <tr> <td>3</td> <td>7</td> <td>brown clay</td> <td></td> <td></td> <td></td> </tr> <tr> <td>7</td> <td>35</td> <td>yellow clay</td> <td></td> <td></td> <td></td> </tr> <tr> <td>35</td> <td>50</td> <td>gray shale</td> <td></td> <td></td> <td></td> </tr> <tr> <td>50</td> <td>75</td> <td>dark gray shale</td> <td></td> <td></td> <td></td> </tr> <tr> <td>75</td> <td>97</td> <td>shale like</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>						FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS	0	3	dirt				3	7	brown clay				7	35	yellow clay				35	50	gray shale				50	75	dark gray shale				75	97	shale like			
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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) _____ and this record is true to the best of my knowledge and belief. Kansas																																															
Water Well Contractor's License No. <u>943</u> This Water Well Record was completed on (mo/day/yr) <u>8/23/04</u>																																															
under the business name of <u>Benner Well Drilling</u> by (signature) <u>Benner</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.																																															

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