

|                                                    |                                         |                            |                                  |                                |
|----------------------------------------------------|-----------------------------------------|----------------------------|----------------------------------|--------------------------------|
| 1 LOCATION OF WATER WELL:<br>County: <u>Butler</u> | Fraction<br><u>SE 1/4 SE 1/4 NE 1/4</u> | Section Number<br><u>7</u> | Township Number<br><u>T 28 S</u> | Range Number<br><u>R 3 E/W</u> |
|----------------------------------------------------|-----------------------------------------|----------------------------|----------------------------------|--------------------------------|

Distance and direction from nearest town or city street address of well if located within city?

2712 ft. and 153 ft. West

|                                                                         |                                                                |                                                                          |
|-------------------------------------------------------------------------|----------------------------------------------------------------|--------------------------------------------------------------------------|
| 2 WATER WELL OWNER:<br>RR#, St. Address, Box #<br>City, State, ZIP Code | <u>LeRoy Ensign</u><br><u>RR #3 Box 191 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: | 4 DEPTH OF COMPLETED WELL: <u>66</u> ft. ELEVATION: _____ ft. |
|------------------------------------------------------|---------------------------------------------------------------|

1 Mile

Depth(s) Groundwater Encountered: \_\_\_\_\_ ft. 2. \_\_\_\_\_ ft. 3. \_\_\_\_\_ ft.

WELL'S STATIC WATER LEVEL: 35 ft. below land surface measured on mo/day/yr 6-9-92

Pump test data: Well water was \_\_\_\_\_ ft. after \_\_\_\_\_ hours pumping \_\_\_\_\_ gpm

Est. Yield \_\_\_\_\_ gpm: Well water was \_\_\_\_\_ ft. after \_\_\_\_\_ hours pumping \_\_\_\_\_ gpm

Bore Hole Diameter: was \_\_\_\_\_ in. to \_\_\_\_\_ ft., and \_\_\_\_\_ in. to \_\_\_\_\_ ft.

WELL WATER TO BE USED AS:

|                                                |                                       |                                                   |                                             |                                                   |
|------------------------------------------------|---------------------------------------|---------------------------------------------------|---------------------------------------------|---------------------------------------------------|
| <input checked="" type="checkbox"/> 1 Domestic | <input type="checkbox"/> 3 Feedlot    | <input type="checkbox"/> 6 Oil field water supply | <input type="checkbox"/> 9 Dewatering       | <input type="checkbox"/> 12 Other (Specify below) |
| <input type="checkbox"/> 2 Irrigation          | <input type="checkbox"/> 4 Industrial | <input type="checkbox"/> 7 Lawn and garden only   | <input type="checkbox"/> 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 X No \_\_\_\_\_

|                              |                |                 |                                          |
|------------------------------|----------------|-----------------|------------------------------------------|
| 5 TYPE OF BLANK CASING USED: | 5 Wrought iron | 8 Concrete tile | CASING JOINTS: Glued _____ Clamped _____ |
|------------------------------|----------------|-----------------|------------------------------------------|

☒ 1 Steel gal

2 PVC

Blank casing diameter 6 in. to \_\_\_\_\_ ft., Dia \_\_\_\_\_ in. to \_\_\_\_\_ ft., Dia \_\_\_\_\_ in. to \_\_\_\_\_ ft.

Casing height above land surface BELOW 33" weight \_\_\_\_\_ lbs./ft. Wall thickness or gauge No. \_\_\_\_\_

3 RMP (SR)

4 ABS

6 Asbestos-Cement

7 Fiberglass

9 Other (specify below)

Welded \_\_\_\_\_

Threaded \_\_\_\_\_

|                                         |            |                              |
|-----------------------------------------|------------|------------------------------|
| TYPE OF SCREEN OR PERFORATION MATERIAL: | 7 PVC      | 10 Asbestos-cement           |
| 1 Steel                                 | 8 RMP (SR) | 11 Other (specify) <u>NA</u> |
| 2 Brass                                 | 9 ABS      | 12 None used (open hole)     |
| 3 Stainless steel                       |            |                              |
| 4 Galvanized steel                      |            |                              |
| 5 Fiberglass                            |            |                              |
| 6 Concrete tile                         |            |                              |

|                                     |                  |                              |                     |
|-------------------------------------|------------------|------------------------------|---------------------|
| SCREEN OR PERFORATION OPENINGS ARE: | 5 Gauzed wrapped | 8 Saw cut                    | 11 None (open hole) |
| 1 Continuous slot                   | 6 Wire wrapped   | 9 Drilled holes              |                     |
| 2 Louvered shutter                  | 7 Torch cut      | 10 Other (specify) <u>NA</u> |                     |
| 3 Mill slot                         |                  |                              |                     |
| 4 Key punched                       |                  |                              |                     |

|                              |                             |                             |                             |
|------------------------------|-----------------------------|-----------------------------|-----------------------------|
| SCREEN-PERFORATED INTERVALS: | From _____ ft. to _____ ft. | From _____ ft. to _____ ft. | From _____ ft. to _____ ft. |
|                              | From _____ ft. to _____ ft. | From _____ ft. to _____ ft. | From _____ ft. to _____ ft. |
|                              | From _____ ft. to _____ ft. | From _____ ft. to _____ ft. | From _____ ft. to _____ ft. |

|                        |                             |                             |                             |
|------------------------|-----------------------------|-----------------------------|-----------------------------|
| GRAVEL PACK INTERVALS: | From _____ ft. to _____ ft. | From _____ ft. to _____ ft. | From _____ ft. to _____ ft. |
|                        | From _____ ft. to _____ ft. | From _____ ft. to _____ ft. | From _____ ft. to _____ ft. |

|                   |               |                |                                                 |               |
|-------------------|---------------|----------------|-------------------------------------------------|---------------|
| 6 GROUT MATERIAL: | 1 Neat cement | 2 Cement grout | <input checked="" type="checkbox"/> 3 Bentonite | 4 Other _____ |
|-------------------|---------------|----------------|-------------------------------------------------|---------------|

Grout Intervals: From \_\_\_\_\_ ft. to \_\_\_\_\_ ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

What is the nearest source of possible contamination:

|                                                   |                 |                 |                        |                          |
|---------------------------------------------------|-----------------|-----------------|------------------------|--------------------------|
| <input checked="" type="checkbox"/> 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? SOUTH WEST How many feet? 63'

| FROM      | TO        | LITHOLOGIC LOG         | FROM      | TO         | PLUGGING INTERVALS |
|-----------|-----------|------------------------|-----------|------------|--------------------|
| <u>66</u> | <u>35</u> | <u>Sand</u>            | <u>34</u> | <u>ft.</u> |                    |
| <u>35</u> | <u>8</u>  | <u>Shell</u>           | <u>27</u> | <u>ft.</u> |                    |
| <u>8</u>  | <u>1</u>  | <u>Bentonite</u>       | <u>7</u>  | <u>ft.</u> |                    |
| <u>1</u>  | <u>0</u>  | <u>PACKED TOP SOIL</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>6-9-92</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. _____ This Water Well Record was completed on (mo/day/yr) _____ under the business name of _____ by (signature) <u>LeRoy Ensign</u> |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|