

1 LOCATION OF WATER WELL		Fraction	Section Number	Township Number	Range Number		
County: <u>Butler</u>		<u>SW 1/4 NW 1/4 SW 1/4</u>	<u>6</u>	<u>T 28 S</u>	<u>R 4 E</u>		
Distance and direction from nearest town or city? <u>3 W 3 1/2 S Augusta</u>			Street address of well if located within city?				
2 WATER WELL OWNER: <u>Tom Derlin</u> RR#, St. Address, Box #: <u>R3 Augusta 67010</u> City, State, ZIP Code: _____ Board of Agriculture, Division of Water Resources Application Number: _____							
3 DEPTH OF COMPLETED WELL: <u>100</u> ft. Bore Hole Diameter: <u>8</u> in. to _____ ft., and _____ in. to _____ ft.							
Well Water to be used as:							
1 Domestic		3 Feedlot		5 Public water supply			
2 Irrigation		4 Industrial		6 Oil field water supply			
		7 Lawn and garden only		8 Air conditioning			
				9 Dewatering			
				11 Injection well			
				12 Other (Specify below)			
Well's static water level: <u>50</u> ft. below land surface measured on _____ month <u>14</u> day <u>80</u> year							
Pump Test Data: _____		Well water was: <u>55</u> ft. after _____ hours pumping		_____ gpm			
Est. Yield _____ gpm		Well water was _____ ft. after _____ hours pumping		_____ gpm			
4 TYPE OF BLANK CASING USED:							
1 Steel		3 RMP (SR)		5 Wrought iron			
2 PVC		4 ABS		6 Asbestos-Cement			
				7 Fiberglass			
				8 Concrete tile			
				9 Other (specify below)			
Blank casing dia: <u>5</u> in. to <u>100</u> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.		Casing Joints: Glued ☒ Clamped _____					
Casing height above land surface: <u>18</u> in., weight <u>100</u> lbs./ft. Wall thickness or gauge No. <u>175</u>		Welded _____					
TYPE OF SCREEN OR PERFORATION MATERIAL:							
1 Steel		3 Stainless steel		5 Fiberglass			
2 Brass		4 Galvanized steel		6 Concrete tile			
				7 PVC			
				8 RMP (SR)			
				9 ABS			
				10 Asbestos-cement			
				11 Other (specify)			
				12 None used (open hole)			
Screen or Perforation Openings Are:							
1 Continuous slot		3 Mill slot		5 Gauzed wrapped			
2 Louvered shutter		4 Key punched		6 Wire wrapped			
				7 Torch cut			
				8 Saw cut			
				11 None (open hole)			
Screen-Perforation Dia: <u>5</u> in. to <u>90</u> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.							
Screen-Perforated Intervals: 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.							
5 GROUT MATERIAL:							
1 Neat cement		2 Cement grout		3 Bentonite			
4 Other							
Grouted Intervals: From _____ ft. to _____ ft., From _____ ft. to _____ 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			
2 Sewer lines		5 Seepage pit		8 Feed yard			
3 Lateral lines		6 Pit privy		9 Livestock pens			
				10 Fuel storage			
				11 Fertilizer storage			
				12 Insecticide storage			
				13 Watertight sewer lines			
				14 Abandoned water well			
				15 Oil well/Gas well			
				16 Other (specify below)			
Direction from well: <u>5</u> How many feet: <u>200</u> ? Water Well Disinfected? Yes ☒ 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 _____ month _____ day _____ year							
and this record is true to the best of my knowledge and belief, Kansas Water Well Contractor's License No. <u>25180</u>							
This Water Well Record was completed on _____ month _____ day _____ year under the business name of <u>Winter Well Drill</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	15	Rock			
		15	25	Shale			
		25	40	Shale + Lime			
		40	100	Lime			
ELEVATION: _____							
Depth(s) Groundwater Encountered 1. <u>8.5</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.