

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: <u>BUTLER</u>		<u>SE 1/4 NE 1/4 SE 1/4</u>	<u>14</u>	<u>T 29 S</u>	<u>R 3 E</u>
Distance and direction from nearest town or city street address of well if located within city?					
<u>4 E of Douglas Kan</u>					
2 WATER WELL OWNER:					
RR#, St. Address, Box # :		<u>Jim Greenfield RI 67039</u>			
City, State, ZIP Code :		<u>Douglas Kan</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>80</u> ft. ELEVATION:			
		Depth(s) Groundwater Encountered 1. <u>60</u> ft. 2. _____ ft. 3. _____ ft.			
		WELL'S STATIC WATER LEVEL <u>20</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>8 1/2</u> in. to _____ ft., and _____ in. to _____ ft.			
		WELL WATER TO BE USED AS:			
		5 Public water supply 8 Air conditioning 11 Injection well 1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below) 2 Irrigation 4 Industrial 7 Lawn and garden only 10 Observation well			
		Was a chemical/bacteriological sample submitted to Department? Yes _____ No <u>X</u> ; If yes, mo/day/yr sample was submitted _____ Water Well Disinfected? Yes <u>X</u> No _____			
5 TYPE OF BLANK CASING USED:					
1 Steel		3 RMP (SR)		5 Wrought iron	
2 PVC		4 ABS		6 Asbestos-Cement	
				7 Fiberglass	
Blank casing diameter _____ in. to _____ ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.				8 Concrete tile	
Casing height above land surface <u>18</u> in., weight <u>200</u> lbs./ft. Wall thickness or gauge No. <u>214</u>				9 Other (specify below) _____	
TYPE OF SCREEN OR PERFORATION MATERIAL:				CASING JOINTS: Glued <u>X</u> Clamped _____	
1 Steel		3 Stainless steel		5 Gauzed wrapped	
2 Brass		4 Galvanized steel		6 Wire wrapped	
				7 Torch cut	
SCREEN OR PERFORATION OPENINGS ARE:				8 Saw cut	
1 Continuous slot		3 Mill slot		9 Drilled holes	
2 Louvered shutter		4 Key punched		10 Other (specify) _____	
SCREEN-PERFORATED INTERVALS: From <u>45</u> ft. to <u>80</u> ft., From _____ ft. to _____ ft.				11 None (open hole)	
GRAVEL PACK INTERVALS: From _____ ft. to _____ ft., From _____ ft. to _____ ft.					
6 GROUT MATERIAL:					
1 Neat cement		2 Cement grout		3 Bentonite	
Grout Intervals: From <u>0</u> ft. to <u>20</u> ft., From _____ ft. to _____ ft.				4 Other _____	
What is the nearest source of possible contamination:					
1 Septic tank		4 Lateral lines		7 Pit privy	
2 Sewer lines		5 Cess pool		8 Sewage lagoon	
3 Watertight sewer lines		6 Seepage pit		9 Feedyard	
Direction from well? <u>S E</u>				How many feet? <u>300</u>	
FROM TO LITHOLOGIC LOG		FROM TO LITHOLOGIC LOG			
<u>0 4 Soil</u>					
<u>4 15 Clay</u>					
<u>15 80 Shale & Lime</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>8/27/88</u> 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 (mo/day/yr) <u>9/23/88</u> under the business name of <u>Winter Well Drill</u> by (signature) <u>Charles Winter</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 Protection, Topeka, Kansas 66620-7320, Telephone: 913-862-9360. Send one to WATER WELL OWNER and retain one for your records.					