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1 LOCATION OF WATER WELL		Fraction		Section Number		Township Number		Range Number	
County: <u>Butler</u>		$\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$				T S		R E/W	
Distance and direction from nearest town or city?					Street address of well if located within city?				
2 WATER WELL OWNER: <u>Fred L. Schoepfel</u>									
RR#, St. Address, Box # :					Board of Agriculture, Division of Water Resources				
City, State, ZIP Code :					Application Number:				
3 DEPTH OF COMPLETED WELLft. Bore Hole Diameter 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)	
				7 Lawn and garden only		10 Observation well			
Well's static water level ft. below land surface measured on month day year									
Pump Test Data : Well water was 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		8 Concrete tile		Casing Joints: Glued Clamped	
2 PVC		4 ABS		6 Asbestos-Cement		9 Other (specify below)		Welded	
				7 Fiberglass				Threaded	
Blank casing dia in. to ft., Dia in. to ft., Dia in. to ft.									
Casing height above land surface in., weight lbs./ft. Wall thickness or gauge No									
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 in. to ft., Dia in. to ft., Dia in. to ft.									
Screen-Perforated Intervals: 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.									
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.									
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)	
Direction from well How many feet ? 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. This Water Well Record was completed on month day year under the business name of by (signature)									
7 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG		
		86	87	with gypsum inter-bedded with thin light gray clay light gray clay					
		ELEVATION:							
		Depth(s) Groundwater Encountered 1. 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.