

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: <u>Butler</u>		<u>SW 1/4 SE 1/4 SE 1/4</u>	<u>17</u>	<u>T 29 S</u>	<u>R 45 EW</u>
Distance and direction from nearest town or city street address of well if located within city? <u>221 N Chestnut</u>					
2 WATER WELL OWNER: <u>Victor Caster</u>					
RR#, St. Address, Box # : <u>221 N Chestnut</u>				Board of Agriculture, Division of Water Resources	
City, State, ZIP Code : <u>Douglas, KS 67039</u>				Application Number:	
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL: <u>118</u> ft. ELEVATION: <u>Slope</u>			
		Depth(s) Groundwater Encountered 1. <u>46</u> ft. 2. _____ ft. 3. _____ ft.			
		WELL'S STATIC WATER LEVEL <u>34</u> ft. below land surface measured on mo/day/yr <u>8/17/81</u>			
		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 <u>8</u> in. to <u>118</u> 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 8 Concrete tile		CASING JOINTS: Glued <u>X</u> Clamped _____	
② PVC 4 ABS		6 Asbestos-Cement 9 Other (specify below)		Welded _____	
		7 Fiberglass		Threaded _____	
Blank casing diameter <u>6</u> in. to <u>48</u> ft. Dia <u>6</u> in. to <u>58-98</u> ft. Dia _____ in. to _____ ft.					
Casing height above land surface <u>12</u> in. weight _____ lbs./ft. Wall thickness or gauge No. <u>160 lb</u>					
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			
		10 Other (specify) _____			
SCREEN-PERFORATED INTERVALS: From <u>118</u> ft. to <u>98</u> ft. From _____ ft. to _____ ft.					
From <u>58</u> ft. to <u>48</u> ft. From _____ ft. to _____ ft.					
GRAVEL PACK INTERVALS: From <u>118</u> ft. to <u>13</u> ft. From _____ ft. to _____ ft.					
From _____ ft. to _____ ft. From _____ ft. to _____ ft.					
6 GROUT MATERIAL: 1 Neat cement ② Cement grout 3 Bentonite 4 Other _____					
Grout Intervals: From <u>13</u> ft. to <u>3</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			
③ Watertight sewer lines 6 Seepage pit 9 Feedyard		12 Fertilizer storage 16 Other (specify below)			
		13 Insecticide storage			
Direction from well? <u>South</u>		How many feet? <u>10</u>			
FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0	1	Top soil			
1	7	Clay yellow brown			
7	35	clay light red			
35	43	Limestone yellow			
43	62	Limestone gray			
62	77	Shale gray			
77	114	Limestone light gray			
114	118	Shale gray			
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>8/17/81</u> and this record is true to the best of my knowledge and belief. Kansas					
Water Well Contractor's License No. <u>363</u> This Water Well Record was completed on (mo/day/yr) <u>8/21/81</u>					
under the business name of <u>Graddy Water Wells</u> by (signature) <u>Richard Graddy</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, Division of Environment, Environmental Geology Section, Topeka, KS 66620. Send one to WATER WELL OWNER and retain one for your records.					

OFFICE USE ONLY

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BWM

SEC

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SW 1/4

SE 1/4

SW 1/4

SE 1/4

SW 1/4