

1 LOCATION OF WATER WELL: County: <u>Butler</u>		Fraction <u>NE 1/4 SW 1/4 SE 1/4</u>		Section Number <u>14</u>		Township Number <u>T 27 S</u>		Range Number <u>R 3 E</u>	
Distance and direction from nearest town or city street address of well if located within city? <u>3 3/4 E of ANDOVER</u>									

2 WATER WELL OWNER: <u>Jerry Crow</u>		Board of Agriculture, Division of Water Resources	
RR#, St. Address, Box #: <u>R1</u>		Application Number:	
City, State, ZIP Code: <u>Rose Hill KS 67133</u>			

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL: <u>97</u> ft. ELEVATION: <u>Slope</u>	
		Depth(s) Groundwater Encountered 1. <u>78</u> ft. 2. _____ ft. 3. _____ ft.	
		WELL'S STATIC WATER LEVEL <u>69</u> ft. below land surface measured on mo/day/yr <u>4-12-83</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>9</u> in. to <u>97</u> ft., and _____ in. to _____ ft.			
WELL WATER TO BE USED AS:		<input type="checkbox"/> 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 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:		5 Wrought iron		8 Concrete tile		CASING JOINTS: Glued <u>X</u> Clamped _____	
<input type="checkbox"/> 1 Steel <input type="checkbox"/> 3 RMP (SR) <input checked="" type="checkbox"/> 2 PVC <input type="checkbox"/> 4 ABS		<input type="checkbox"/> 6 Asbestos-Cement <input type="checkbox"/> 9 Other (specify below) <input type="checkbox"/> 7 Fiberglass		<input type="checkbox"/> Welded <input type="checkbox"/> Threaded			
Blank casing diameter <u>4</u> in. to <u>77</u> ft., Dia _____ in. to _____ ft.							
Casing height above land surface <u>12</u> in., weight _____ lbs./ft. Wall thickness or gauge No. <u>16016</u>							
TYPE OF SCREEN OR PERFORATION MATERIAL:		<input checked="" type="checkbox"/> PVC		<input type="checkbox"/> 10 Asbestos-cement			
<input type="checkbox"/> 1 Steel <input type="checkbox"/> 3 Stainless steel <input type="checkbox"/> 5 Fiberglass <input type="checkbox"/> 8 RMP (SR) <input type="checkbox"/> 2 Brass <input type="checkbox"/> 4 Galvanized steel <input type="checkbox"/> 6 Concrete tile <input type="checkbox"/> 9 ABS				<input type="checkbox"/> 11 Other (specify) _____ <input type="checkbox"/> 12 None used (open hole)			
SCREEN OR PERFORATION OPENINGS ARE:		<input type="checkbox"/> 5 Gauzed wrapped <input checked="" type="checkbox"/> 8 Saw cut <input type="checkbox"/> 11 None (open hole) <input type="checkbox"/> 6 Wire wrapped <input type="checkbox"/> 7 Torch cut		<input type="checkbox"/> 9 Drilled holes <input type="checkbox"/> 10 Other (specify) _____			
SCREEN-PERFORATED INTERVALS: From <u>27</u> ft. to <u>97</u> ft., From _____ ft. to _____ ft.							
GRAVEL PACK INTERVALS: From <u>97</u> ft. to <u>16</u> ft., From _____ ft. to _____ ft.							

6 GROUT MATERIAL: <input checked="" type="checkbox"/> Neat cement		<input type="checkbox"/> 2 Cement grout		<input type="checkbox"/> 3 Bentonite		<input type="checkbox"/> 4 Other _____	
Grout Intervals: From <u>16</u> ft. to <u>4</u> ft., From _____ ft. to _____ ft.							
What is the nearest source of possible contamination:		<input type="checkbox"/> 10 Livestock pens <input type="checkbox"/> 14 Abandoned water well <input type="checkbox"/> 11 Fuel storage <input type="checkbox"/> 15 Oil well/Gas well <input type="checkbox"/> 12 Fertilizer storage <input type="checkbox"/> 16 Other (specify below) <input type="checkbox"/> 13 Insecticide storage		<input type="checkbox"/> 1 Septic tank <input type="checkbox"/> 4 Lateral lines <input type="checkbox"/> 7 Pit privy <input type="checkbox"/> 2 Sewer lines <input type="checkbox"/> 5 Cess pool <input checked="" type="checkbox"/> 8 Sewage lagoon <input type="checkbox"/> 3 Watertight sewer lines <input type="checkbox"/> 6 Seepage pit <input type="checkbox"/> 9 Feedyard			
Direction from well? <u>N.E.</u>				How many feet? <u>120'</u>			

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0	1	Top Soil			
1	5	Clay Redish brown			
5	21	Limestone yellow			
21	78	Shale yellow gray			
78	97	Limestone yellow			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <input checked="" type="checkbox"/> (1) constructed, <input type="checkbox"/> (2) reconstructed, or <input type="checkbox"/> (3) plugged under my jurisdiction and was completed on (mo/day/year) <u>4-12-83</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>4-12-83</u>	
under the business name of <u>Braddy Water Wells</u> by (signature) <u>Richard Braddy</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.