

1 LOCATION OF WATER WELL: County: Butler		Fraction SE 1/4 SW 1/4 SE 1/4	Section Number 29	Township Number T 28S	Range Number R 3E E/W
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Distance and direction from nearest town or city street address of well if located within city?
441 Sienna Dr. Rosehill

2 WATER WELL OWNER: John Austin RR#, St. Address, Box # : 441 Sienna Dr. City, State, ZIP Code : Rosehill, KS		Board of Agriculture, Division of Water Resources Application Number:
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3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL 100 ft. ELEVATION:	
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Diagram of a 3x3 section box. The bottom-right corner (SE 1/4) is marked with an 'X'.

Depth(s) Groundwater Encountered 1 **37** ft. 2 _____ ft. 3 _____ ft.

WELL'S STATIC WATER LEVEL **37** ft. below land surface measured on mo/day/yr **12/11/04**

Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm

Est. Yield _____ gpm: Well water was _____ ft. after _____ hours pumping _____ gpm

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
2 Irrigation	4 Industrial	7 Domestic (lawn & garden)
		9 Dewatering
		12 Other (Specify below)
		10 Monitoring well

Was a chemical/bacteriological sample submitted to Department? Yes _____ No **X**; If yes, mo/day/yr sample was submitted _____

Water Well Disinfected? Yes **X** No _____

5 TYPE OF BLANK CASING USED:		5 Wrought iron	8 Concrete tile	CASING JOINTS: Glued X Clamped _____
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1 Steel	3 RMP (SR)	6 Asbestos-Cement	9 Other (specify below)	Welded _____
2 PVC	4 ABS	7 Fiberglass		Threaded _____

Blank casing diameter **5** in. to **100** ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.

Casing height above land surface **16** in., weight **160** lbs./ft. Wall thickness or gauge No. **26**

TYPE OF SCREEN OR PERFORATION MATERIAL:		7 PVC	10 Asbestos-Cement
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1 Steel	3 Stainless Steel	5 Fiberglass	8 RMP (SR)	11 Other (Specify)
2 Brass	4 Galvanized Steel	6 Concrete tile	9 ABS	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)	_____ ft.

SCREEN-PERFORATED INTERVALS: From **60** ft. to **100** ft., From _____ ft. to _____ ft.

GRAVEL PACK INTERVALS: From **24** ft. to **100** ft., From _____ ft. to _____ ft.

6 GROUT MATERIAL:		1 Neat cement	2 Cement grout	3 Bentonite	4 Other _____
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Grout Intervals: From **4** ft. to **24** 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? **Northeast**

How many feet? **185**

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	2	topsoil			
2	9	brown clay			
9	37	yellow shale			
37	93	blue shale			
93	100	blue shale + limestone			

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) 12/11/04 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's Licence No 611 This Water Well Record was completed on (mo/day/yr) 11/3/05 under the business name of Chase Drilling by (signature) R. Chase	
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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, Geology Section, 1000 SW Jackson St., Suite 400, Topeka, Kansas 66612-1367. Telephone 785-296-5522. Send one to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well.