

1 LOCATION OF WATER WELL:

County: Buena Vista

Distance and direction from nearest town or city street address of well if located within city? 14885 SW Prairie Creek Rd

Fraction

NW 1/4 NW 1/4 NW 1/4

Section Number

17

Township Number

T 28N

Range Number

R 30E

Global Positioning Systems (decimal degrees, min. of 4 digits)

Latitude: \_\_\_\_\_

Longitude: \_\_\_\_\_

Elevation: \_\_\_\_\_

Date: \_\_\_\_\_

Data Collection Method: \_\_\_\_\_

2 WATER WELL OWNER:

RR#, St. Address, Box # : Elita Fry

City, State, ZIP Code : 14885 SW Prairie Creek Rd  
Rose Hill, KS

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:

|  |  |  |  |
|--|--|--|--|
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

4 DEPTH OF COMPLETED WELL

73 ft.

Depth(s) Groundwater Encountered (1) \_\_\_\_\_ ft. (2) \_\_\_\_\_ ft. (3) \_\_\_\_\_ ft.

WELL'S STATIC WATER LEVEL 34 ft. below land surface measured on mo/day/yr. 7-22-08

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          | 10 Monitoring well | 12 Other (Specify below)   |

Was a chemical/bacteriological sample submitted to Department? Yes No; If yes, mo/day/yr Sample was submitted \_\_\_\_\_

Water well disinfected? Yes No

5 TYPE OF CASING USED:

|         |            |                   |                         |
|---------|------------|-------------------|-------------------------|
| 1 Steel | 3 RMP (SR) | 5 Wrought Iron    | 8 Concrete tile         |
| 2 PVC   | 4 ABS      | 6 Asbestos-Cement | 9 Other (specify below) |
|         |            | 7 Fiberglass      |                         |

CASING JOINTS: Glued X Clamped \_\_\_\_\_

Welded \_\_\_\_\_

Threaded \_\_\_\_\_

Blank casing diameter 5 in. to 7.3 ft., Diameter \_\_\_\_\_ in. to \_\_\_\_\_ ft., Diameter \_\_\_\_\_ in. to \_\_\_\_\_ ft.

Casing height above land surface 160 in., Weight 160 lbs./ft., Wall thickness or gauge No. 24

TYPE OF SCREEN OR PERFORATION MATERIAL:

|         |                    |                 |           |                    |                          |
|---------|--------------------|-----------------|-----------|--------------------|--------------------------|
| 1 Steel | 3 Stainless Steel  | 5 Fiberglass    | 7 PVC     | 9 ABS              | 11 Other (Specify)       |
| 2 Brass | 4 Galvanized Steel | 6 Concrete tile | 8 RM (SR) | 10 Asbestos-Cement | 12 None used (open hole) |

SCREEN OR PERFORATION OPENINGS ARE:

|                    |               |                  |             |                    |                     |
|--------------------|---------------|------------------|-------------|--------------------|---------------------|
| 1 Continuous slot  | 3 Mill slot   | 5 Gauzed wrapped | 7 Torch cut | 9 Drilled holes    | 11 None (open hole) |
| 2 Louvered shutter | 4 Key punched | 6 Wire wrapped   | 8 Saw cut   | 10 Other (specify) |                     |

SCREEN-PERFORATED INTERVALS: From 3.3 ft. to 7.3 ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

GRAVEL PACK INTERVALS: From 24 ft. to 73 ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

6 GROUT MATERIAL:

|               |                |             |         |
|---------------|----------------|-------------|---------|
| 1 Neat cement | 2 Cement grout | 3 Bentonite | 4 Other |
|---------------|----------------|-------------|---------|

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     | 13 Insecticide storage  | 16 Other (specify) |
| 2 Sewer lines            | 5 Cess pool     | 8 Sewage lagoon | 11 Fuel storage       | 14 Abandoned water well | below              |
| 3 Watertight sewer lines | 6 Seepage pit   | 9 Feedyard      | 12 Fertilizer storage | 15 Oil well/gas well    |                    |

Direction from well? West How many feet? 155

FROM TO LITHOLOGIC LOG FROM TO PLUGGING INTERVALS

|    |    |                |  |  |  |
|----|----|----------------|--|--|--|
| 0  | 2  | Topsoil        |  |  |  |
| 2  | 6  | Clay           |  |  |  |
| 6  | 13 | Grey shale     |  |  |  |
| 13 | 16 | Blue limestone |  |  |  |
| 16 | 71 | Blue shale     |  |  |  |
| 71 | 73 | Line stone     |  |  |  |

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) 7-22-08 and this record is true to the best of my knowledge and belief.

Kansas Water Well Contractor's License No. 1817 This Water Well Record was completed on (mo/day/year) 8-12-08

under the business name of Chas Drilling by (signature) Chas

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 420, 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. Visit us at <http://www.kdheks.gov/waterwell/index.html>.