

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: Butler Butler		SE 1/4 NW 1/4 NW 1/4	5	T 28 S	R 3 E
Distance and direction from nearest town or city street address of well if located within city? Northwest Corner of Midtown Service Building					
2 WATER WELL OWNER: Midtown Service					
RR#, St. Address, Box # : 137 W. Berry			Board of Agriculture, Division of Water Resources		
City, State, ZIP Code : Rose Hill, KS 67133			Application Number:		
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL 40 ft. ELEVATION:			
		Depth(s) Groundwater Encountered 11.5 ft. 2 _____ ft. 3 _____ ft.			
		WELL'S STATIC WATER LEVEL 28.70 ft. below land surface measured on mo/day/yr 10/6/09			
		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 8.625 in. to 40 ft. and _____ in. to _____ Ft.			
WELL WATER TO BE USED AS:		5 Public water supply 8 Air conditioning 11 Injection well 1 Domestic 3 Feed lot 6 Oil field water supply 9 Dewatering 12 Other (Specify below) 2 Irrigation 4 Industrial 7 Lawn and garden (domestic) 10 Monitoring well MW-18			
Was a chemical/bacteriological sample submitted to Department? Yes _____ No X If yes, mo/day/yr sample was Submitted _____		Water Well Disinfected? Yes _____ No X			
5 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 X	
Blank casing diameter 2 in. to 25 in. Dia. _____ in. to _____ ft., Dia. _____ in. to _____ ft.					
Casing height above land surface FLUSH in., weight SCH 40 Lbs./ft. Wall thickness or gauge No. _____					
TYPE OF SCREEN OR PERFORATION MATERIAL:					
1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 11 Other (specify) _____		7 PVC 10 Asbestos-cement			
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 6 Wire wrapped 9 Drilled holes		5 Gauzed wrapped 8 Saw cut 11 None (open hole)			
2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify) _____					
SCREEN-PERFORATED INTERVALS: From 25 ft. to 40 ft. From _____ ft. to _____ ft.					
SAND PACK INTERVALS: From 24 ft. to 40 ft. From _____ ft. to _____ ft.					
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____					
Grout intervals From 22 ft. to 24 ft. From 0 ft. to 22 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		11 Fuel storage 15 Oil well/ Gas well			
2 Sewer lines 5 Cess pool 8 Sewage lagoon 12 Fertilizer storage 16 Other (specify below) Contaminated Site		3 Watertight sewer lines 6 Seepage pit 9 Feedyard 13 Insecticide storage			
Direction from well? _____ How many feet? _____					
FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO
0	1.5		Topsoil, dark brown		
1.5	15		Silty Clay (CL), firm, moist		
15	15.5		Limestone, hard		
15.5	17		Shale, green-brown		
17	17.5		Limestone, hard		
17.5	29		Shale, green-brown		
29	30		Limestone, hard		
30	40		Shale, green-brown		
40	TD		END BOREHOLE		
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (x) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and w					
Completed on (mo/day/yr) 10/6/09 And this record is true to the best of my knowledge and belief. Kansas					
Water Well Contractor's License No. 585			This Water Well Record was completed on (mo/day/yr) 11/3/09		
under the business name of Associated Environmental, Inc.			By (signature) Bradley J Johnson		
INSTRUCTIONS: Please fill in blanks and circle the correct answers. Send three copies to Kansas Department of Health and Environment, Bureau of Water, Topeka, Kansas 66620-0001. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.					

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