

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: Butler		NE 1/4 SW 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 30.01 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-19			
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 Ft., 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) _____
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) _____	
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
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) Contaminated Site
Direction from well? _____ How many feet? _____					
FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO
0	1.5		Topsoil, dark brown		
1.5	15.5		Silty Clay (CL), firm, moist		
15.5	16.5		Limestone, hard		
16.5	20.5		Shale, green-brown		
20.5	21.5		Limestone, hard		
21.5	24.5		Shale, green-brown		
24.5	26		Limestone, hard		
26	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 was 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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