

1 LOCATION OF WATER WELL		Fraction	Section Number	Township Number	Range Number
County: <u>Butler</u>		<u>SE 1/4 SW 1/4 NE 1/4</u>	<u>6</u>	<u>T 28 S</u>	<u>R 3 E</u>
Distance and direction from nearest town or city? <u>6 N 1/2 W Rose Hill</u>			Street address of well if located within city?		
2 WATER WELL OWNER: <u>Wayne Williams</u>					
RR#, St. Address, Box # <u>535 N Oliver</u>				Board of Agriculture, Division of Water Resources	
City, State, ZIP Code <u>67208</u>				Application Number:	
3 DEPTH OF COMPLETED WELL <u>75</u> ft. Bore Hole Diameter <u>8 1/2</u> in. to <u>20</u> ft. and _____ in. to _____ ft.					
Well Water to be used as:					
☒ Domestic		☐ 3 Feedlot		☐ 8 Air conditioning	
☐ 2 Irrigation		☐ 4 Industrial		☐ 11 Injection well	
☐ 6 Oil field water supply		☐ 7 Lawn and garden only		☐ 12 Other (Specify below)	
☐ 9 Dewatering		☐ 10 Observation well			
Well's static water level <u>30</u> ft. below land surface measured on <u>10</u> month <u>18</u> day <u>80</u> year					
Pump Test Data : Well water was _____ ft. after _____ hours pumping. <u>15</u> gpm					
Est. Yield <u>15</u> gpm: Well water was _____ ft. after _____ hours pumping _____ gpm					
4 TYPE OF BLANK CASING USED:					
☐ 1 Steel		☐ 5 Wrought iron		☐ 8 Concrete tile	
☒ 3 RMP (SR)		☐ 6 Asbestos-Cement		☐ 9 Other (specify below)	
☐ 2 PVC		☐ 4 ABS		☐ 7 Fiberglass	
Blank casing dia <u>5</u> in. to <u>75</u> ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft.					
Casing height above land surface <u>18</u> in., weight _____ lbs./ft. Wall thickness or gauge No _____					
TYPE OF SCREEN OR PERFORATION MATERIAL:					
☐ 1 Steel		☐ 3 Stainless steel		☐ 5 Fiberglass	
☐ 2 Brass		☐ 4 Galvanized steel		☐ 6 Concrete tile	
☐ 7 PVC		☒ 8 RMP (SR)		☐ 10 Asbestos-cement	
☐ 11 Other (specify)		☐ 12 None used (open hole)			
Screen or Perforation Openings Are:					
☐ 1 Continuous slot		☐ 3 Mill slot		☒ 5 Gauzed wrapped	
☐ 2 Louvered shutter		☐ 4 Key punched		☐ 6 Wire wrapped	
☐ 7 Torch cut		☐ 8 Saw cut		☐ 11 None (open hole)	
☐ 10 Other (specify)					
Screen-Perforation Dia <u>5</u> in. to <u>65</u> ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft.					
Screen-Perforated Intervals: From <u>45</u> ft. to <u>65</u> ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.					
Gravel Pack Intervals: <u>None</u> From _____ ft. to _____ ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.					
5 GROUT MATERIAL:					
☐ 1 Neat cement		☐ 2 Cement grout		☐ 3 Bentonite	
☐ 4 Other					
Grouted Intervals: From <u>10</u> ft. to <u>28</u> ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.					
What is the nearest source of possible contamination:					
☐ 1 Septic tank		☐ 4 Cess pool		☒ 7 Sewage lagoon	
☐ 2 Sewer lines		☐ 5 Seepage pit		☐ 8 Feed yard	
☐ 3 Lateral lines		☐ 6 Pit privy		☐ 9 Livestock pens	
☐ 10 Fuel storage		☐ 14 Abandoned water well		☐ 15 Oil well/Gas well	
☐ 11 Fertilizer storage		☐ 12 Insecticide storage		☐ 16 Other (specify below)	
☐ 13 Watertight sewer lines					
Direction from well <u>W</u> How many feet <u>150</u> ? Water Well Disinfected? ☒ Yes ☐ No					
Was a chemical/bacteriological sample submitted to Department? Yes ☐ No ☒ If yes, date sample was submitted _____ month _____ day _____ year: Pump Installed? Yes ☐ No ☒					
If Yes: Pump Manufacturer's name _____ Model No. _____ HP _____ Volts _____					
Depth of Pump Intake _____ ft. Pumps Capacity rated at _____ gal./min.					
Type of pump: ☐ 1 Submersible ☐ 2 Turbine ☐ 3 Jet ☐ 4 Centrifugal ☐ 5 Reciprocating ☐ 6 Other					
6 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on <u>10</u> month <u>18</u> day <u>80</u> year					
and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>251</u>					
This Water Well Record was completed on <u>10</u> month <u>20</u> day <u>80</u> year under the business name of <u>Winter Well Drilling</u> by (signature) <u>Charles Winter</u>					
7 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		FROM		TO	
		0		4	
		4		20	
		20		50	
		50		65	
		65		75	
		LITHOLOGIC LOG		FROM	
		TO		LITHOLOGIC LOG	
		Soil			
		Clay Yellow			
		Shale			
		Slate & Lime			
		Lime			
ELEVATION:					
Depth(s) Groundwater Encountered 1. <u>60</u> ft. 2. _____ ft. 3. _____ ft. 4. _____ ft. (Use a second sheet if needed)					

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, Water Well Contractors, Topeka, KS 66620. Send one to WATER WELL OWNER and retain one for your records.