

1 LOCATION OF WATER WELL:		Fraction		Section Number		Township Number		Range Number	
County: <u>Butler</u>		SE 1/4 SW 1/4 SW 1/4		20		T 28 S		R 3 E E/W	
Distance and direction from nearest town or city street address of well if located within city?									
<u>1614 N. Main</u> <u>Rose Hill, Ks.</u>									
2 WATER WELL OWNER: <u>Kenneth Thomison</u>									
RR#, St. Address, Box # : <u>1614 N. Main</u> Board of Agriculture, Division of Water Resources									
City, State, ZIP Code : <u>Rose Hill, Ks.</u> Application Number:									
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:									
4 DEPTH OF COMPLETED WELL <u>70</u> ft. ELEVATION:									
Depth(s) Groundwater Encountered 1. <u>20</u> ft. 2. <u>20</u> ft. 3. <u>20</u> ft.									
WELL'S STATIC WATER LEVEL <u>20</u> ft. below land surface measured on mo/day/yr <u>7-1-85</u>									
Pump test data: Well water was <u>20</u> ft. after <u>20</u> hours pumping <u>20</u> gpm									
Est. Yield <u>20</u> gpm: Well water was <u>20</u> ft. after <u>20</u> hours pumping <u>20</u> gpm									
Bore Hole Diameter <u>11</u> in. to <u>11</u> ft., and <u>11</u> in. to <u>11</u> ft.									
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 9 Dewatering 12 Other (Specify below)									
2 Irrigation 4 Industrial 7 <u>Lawn and garden only</u> 10 Observation well									
Was a chemical/bacteriological sample submitted to Department? Yes <u>X</u> No <u>X</u> ; If yes, mo/day/yr sample was submitted									
Water Well Disinfected? Yes <u>X</u> No <u>X</u>									
5 TYPE OF BLANK CASING USED:									
1 Steel 3 <u>RMP (SR)</u> 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued <u>X</u> Clamped <u>X</u>									
2 PVC 4 <u>ABS</u> 6 Asbestos-Cement 9 Other (specify below) Welded <u>X</u>									
Blank casing diameter <u>5</u> in. to <u>20</u> ft., Dia <u>5</u> in. to <u>20</u> ft., Dia <u>5</u> in. to <u>20</u> ft.									
Casing height above land surface <u>12</u> in., weight <u>1.59</u> lbs./ft. Wall thickness or gauge No. <u>203</u>									
TYPE OF SCREEN OR PERFORATION MATERIAL:									
1 Steel 3 Stainless steel 5 Fiberglass 8 <u>RMP (SR)</u> 10 Asbestos-cement									
2 Brass 4 Galvanized steel 6 Concrete tile 9 <u>ABS</u> 11 Other (specify)									
SCREEN OR PERFORATION OPENINGS ARE:									
1 Continuous slot 3 Mill slot 5 Gauzed wrapped 8 <u>Saw cut</u> 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 <u>20</u> ft. to <u>70</u> ft., From <u>20</u> ft. to <u>70</u> ft., From <u>20</u> ft. to <u>70</u> ft.									
GRAVEL PACK INTERVALS: From <u>14</u> ft. to <u>70</u> ft., From <u>14</u> ft. to <u>70</u> ft., From <u>14</u> ft. to <u>70</u> ft.									
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other									
Grout intervals: From <u>4</u> ft. to <u>14</u> ft., From <u>4</u> ft. to <u>14</u> ft., From <u>4</u> ft. to <u>14</u> 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)									
Direction from well? <u>East</u> How many feet? <u>10</u>									
FROM TO LITHOLOGIC LOG FROM TO LITHOLOGIC LOG									
0 3 Topsoil									
3 18 Clay									
18 52 Brown Shale									
52 70 Grey Shale									
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) <u>constructed</u> , (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) <u>7-1-85</u> and this record is true to the best of my knowledge and belief. Kansas									
Water Well Contractor's License No. <u>236</u> This Water Well Record was completed on (mo/day/yr) <u>7-15-85</u>									
under the business name of <u>Harp Well & Pump Service, Inc.</u> by (signature) <u>Mary Arnold</u>									
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, Environmental Geology Section, Topeka, KS 66620. Send one to WATER WELL OWNER and retain one for your records.									