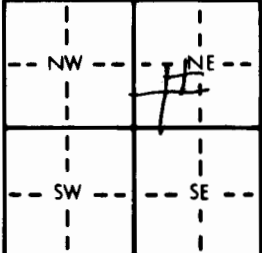


1 LOCATION OF WATER WELL: County: <u>BUTLER</u> Fraction: <u>NE 1/4 SW 1/4 NE 1/4</u> Section Number: <u>34</u> Township Number: <u>T 28 S</u> Range Number: <u>R 3 E</u>	
Distance and direction from nearest town or city street address of well if located within city? <u>1 North 3 East of Rose Hill Kan</u>	
2 WATER WELL OWNER: RR#, St. Address, Box # : <u>Pat Greshin Rose Hill Kan</u> City, State, ZIP Code : <u>RR #1 Box 232 F 67133</u> Application Number: <u>67133</u>	
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: 	4 DEPTH OF COMPLETED WELL: <u>105</u> ft. ELEVATION: <u>105</u> ft. Depth(s) Groundwater Encountered: <u>1</u> ft. <u>80</u> ft. <u>3</u> ft. WELL'S STATIC WATER LEVEL: <u>30</u> ft. below land surface measured on mo/day/yr Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm Est. Yield <u>10</u> gpm; Well water was _____ ft. after _____ hours pumping _____ gpm Bore Hole Diameter: <u>8 1/2</u> in. to _____ ft., and _____ in. to _____ ft. WELL WATER TO BE USED AS: ☒ 1 Domestic ☐ 3 Feedlot ☐ 6 Oil field water supply ☐ 9 Dewatering ☐ 12 Other (Specify below) ☐ 2 Irrigation ☐ 4 Industrial ☐ 7 Lawn and garden only ☐ 10 Observation well 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 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 _____ Blank casing diameter <u>5</u> in. to <u>70</u> ft., Dia _____ in. to _____ ft., Dia _____ in. to <u>2 1/4</u> ft. Casing height above land surface <u>18</u> in., weight <u>200</u> lbs./ft. Wall thickness or gauge No. _____ TYPE OF SCREEN OR PERFORATION MATERIAL: 1 Steel ☐ 3 Stainless steel ☐ 5 Fiberglass ☐ 8 RMP (SR) ☐ 10 Asbestos-cement _____ 2 Brass ☐ 4 Galvanized steel ☐ 6 Concrete tile ☐ 9 ABS ☐ 11 Other (specify) _____ 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 <u>70</u> ft. to <u>105</u> ft., From _____ ft. to _____ ft. GRAVEL PACK INTERVALS: From _____ ft. to _____ ft., From _____ ft. to _____ ft.	
6 GROUT MATERIAL: 1 Neat cement ☐ 2 Cement grout ☐ 3 Bentonite ☐ 4 Other _____ Grout intervals: From <u>0</u> ft. to <u>20</u> 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) _____ 13 Insecticide storage _____ Direction from well? <u>West</u> How many feet? <u>180</u>	
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) <u>9/25/87</u> 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 (mo/day/yr) <u>10/6/87</u> under the business name of <u>Winter Well Drill</u> by (signature) <u>Charles Winter</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, Bureau of Water Protection, Topeka, Kansas 66620-7320, Telephone: 913-862-9360. Send one to WATER WELL OWNER and retain one for your records.	