

|                                                                                                                                                   |  |                      |  |                                                |  |                                                   |  |                                |  |    |  |                |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------|--|------------------------------------------------|--|---------------------------------------------------|--|--------------------------------|--|----|--|----------------|--|
| 1 LOCATION OF WATER WELL                                                                                                                          |  | Fraction             |  | Section Number                                 |  | Township Number                                   |  | Range Number                   |  |    |  |                |  |
| County: BUTLER                                                                                                                                    |  | NE 1/4 NW 1/4 NW 1/4 |  | 5                                              |  | T 29 S                                            |  | R 3 E E/W                      |  |    |  |                |  |
| Distance and direction from nearest town or city?                                                                                                 |  |                      |  | Street address of well if located within city? |  |                                                   |  |                                |  |    |  |                |  |
|                                                                                                                                                   |  |                      |  | 1614 Timberlane Rose Hill, Ks.                 |  |                                                   |  |                                |  |    |  |                |  |
| 2 WATER WELL OWNER: Francis Leonard                                                                                                               |  |                      |  |                                                |  |                                                   |  |                                |  |    |  |                |  |
| RR#, St. Address, Box # : 1614 Timberlane                                                                                                         |  |                      |  |                                                |  | Board of Agriculture, Division of Water Resources |  |                                |  |    |  |                |  |
| City, State, ZIP Code : Rose Hill, Ks.                                                                                                            |  |                      |  |                                                |  | Application Number:                               |  |                                |  |    |  |                |  |
| 3 DEPTH OF COMPLETED WELL: 70 ft. Bore Hole Diameter: 11 in. to ft., and in. to ft.                                                               |  |                      |  |                                                |  |                                                   |  |                                |  |    |  |                |  |
| Well Water to be used as:                                                                                                                         |  |                      |  |                                                |  |                                                   |  |                                |  |    |  |                |  |
| 1 Domestic                                                                                                                                        |  | 3 Feedlot            |  | 6 Oil field water supply                       |  | 8 Air conditioning                                |  | 11 Injection well              |  |    |  |                |  |
| 2 Irrigation                                                                                                                                      |  | 4 Industrial         |  | 7 Lawn and garden only                         |  | 9 Dewatering                                      |  | 12 Other (Specify below)       |  |    |  |                |  |
| 10 Observation well                                                                                                                               |  |                      |  |                                                |  |                                                   |  |                                |  |    |  |                |  |
| Well's static water level: 28 ft. below land surface measured on 6 month 24 day 80 year                                                           |  |                      |  |                                                |  |                                                   |  |                                |  |    |  |                |  |
| Pump Test Data: Well water was ft. after hours pumping gpm                                                                                        |  |                      |  |                                                |  |                                                   |  |                                |  |    |  |                |  |
| Est. Yield gpm: Well water was ft. after hours pumping gpm                                                                                        |  |                      |  |                                                |  |                                                   |  |                                |  |    |  |                |  |
| 4 TYPE OF BLANK CASING USED:                                                                                                                      |  |                      |  |                                                |  |                                                   |  |                                |  |    |  |                |  |
| 1 Steel                                                                                                                                           |  | 3 RMP (SR)           |  | 6 Asbestos-Cement                              |  | 9 Other (specify below)                           |  | Casing Joints: Glued X Clamped |  |    |  |                |  |
| 2 PVC                                                                                                                                             |  | 4 ABS                |  | 7 Fiberglass                                   |  |                                                   |  | Welded                         |  |    |  |                |  |
| Blank casing dia 5 in. to 30 ft. Dia in. to ft. Dia in. to ft.                                                                                    |  |                      |  |                                                |  |                                                   |  |                                |  |    |  |                |  |
| Casing height above land surface 12 in. weight lbs./ft. Wall thickness or gauge No 200                                                            |  |                      |  |                                                |  |                                                   |  |                                |  |    |  |                |  |
| 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 .06                                     |  | 11 None (open hole)            |  |    |  |                |  |
| 2 Louvered shutter                                                                                                                                |  | 4 Key punched        |  | 6 Wire wrapped                                 |  | 9 Drilled holes                                   |  |                                |  |    |  |                |  |
|                                                                                                                                                   |  |                      |  | 7 Torch cut                                    |  | 10 Other (specify)                                |  |                                |  |    |  |                |  |
| Screen-Perforation Dia 5 in. to 70 ft. Dia in. to ft. Dia in. to ft.                                                                              |  |                      |  |                                                |  |                                                   |  |                                |  |    |  |                |  |
| Screen-Perforated Intervals: From 30 ft. to 70 ft. From ft. to ft. From ft. to ft.                                                                |  |                      |  |                                                |  |                                                   |  |                                |  |    |  |                |  |
| Gravel Pack Intervals: From 14 ft. to 70 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 40" ft. to 14 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                                |  | 10 Fuel storage                                   |  | 14 Abandoned water well        |  |    |  |                |  |
| 2 Sewer lines                                                                                                                                     |  | 5 Seepage pit        |  | 8 Feed yard                                    |  | 11 Fertilizer storage                             |  | 15 Oil well/Gas well           |  |    |  |                |  |
| 3 Lateral lines                                                                                                                                   |  | 6 Pit privy          |  | 9 Livestock pens                               |  | 12 Insecticide storage                            |  | 16 Other (specify below)       |  |    |  |                |  |
| 13 Watertight sewer lines                                                                                                                         |  |                      |  |                                                |  |                                                   |  |                                |  |    |  |                |  |
| Direction from well South How many feet 15 ? Water Well Disinfected? Yes X No                                                                     |  |                      |  |                                                |  |                                                   |  |                                |  |    |  |                |  |
| Was a chemical/bacteriological sample submitted to Department? Yes No X If yes, date sample                                                       |  |                      |  |                                                |  |                                                   |  |                                |  |    |  |                |  |
| was submitted month day year: Pump Installed? Yes X No                                                                                            |  |                      |  |                                                |  |                                                   |  |                                |  |    |  |                |  |
| If Yes: Pump Manufacturer's name Red Jacket Model No 75TI HP 3/4 Volts 230                                                                        |  |                      |  |                                                |  |                                                   |  |                                |  |    |  |                |  |
| Depth of Pump Intake 50 ft. Pumps Capacity rated at 18 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 6 month 24 day 80 year                                                                                                               |  |                      |  |                                                |  |                                                   |  |                                |  |    |  |                |  |
| and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 236                                    |  |                      |  |                                                |  |                                                   |  |                                |  |    |  |                |  |
| This Water Well Record was completed on 7 month 30 day 1989 year under the business                                                               |  |                      |  |                                                |  |                                                   |  |                                |  |    |  |                |  |
| name of Harp Well & Pump by (signature) M. Arnold                                                                                                 |  |                      |  |                                                |  |                                                   |  |                                |  |    |  |                |  |
| 7 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:                                                                                              |  | FROM                 |  | TO                                             |  | LITHOLOGIC LOG                                    |  | FROM                           |  | TO |  | LITHOLOGIC LOG |  |
|                                                                                                                                                   |  | 0                    |  | 2                                              |  | Topsoil                                           |  |                                |  |    |  |                |  |
|                                                                                                                                                   |  | 2                    |  | 14                                             |  | Clay                                              |  |                                |  |    |  |                |  |
|                                                                                                                                                   |  | 14                   |  | 37                                             |  | Brown Clay                                        |  |                                |  |    |  |                |  |
|                                                                                                                                                   |  | 37                   |  | 59                                             |  | Brown Shale                                       |  |                                |  |    |  |                |  |
|                                                                                                                                                   |  | 59                   |  | 70                                             |  | Grey Shale                                        |  |                                |  |    |  |                |  |
| ELEVATION:                                                                                                                                        |  |                      |  |                                                |  |                                                   |  |                                |  |    |  |                |  |
| Depth(s) Groundwater Encountered 1. 63 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.