

|                                                                                                                                                                                                                                                                                                                                                               |  |                      |    |                          |                                                   |                           |                |                                |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------|----|--------------------------|---------------------------------------------------|---------------------------|----------------|--------------------------------|--|
| 1 LOCATION OF WATER WELL                                                                                                                                                                                                                                                                                                                                      |  | Fraction             |    | Section Number           |                                                   | Township Number           |                | Range Number                   |  |
| County: BUTLER                                                                                                                                                                                                                                                                                                                                                |  | NW 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?    |                           |                |                                |  |
|                                                                                                                                                                                                                                                                                                                                                               |  |                      |    |                          | 3102 Anemone Ln. Rose Hill, Ks.                   |                           |                |                                |  |
| 2 WATER WELL OWNER: Bob Hellon                                                                                                                                                                                                                                                                                                                                |  |                      |    |                          |                                                   |                           |                |                                |  |
| RR#, St. Address, Box # : 3102 Anemone Ln.                                                                                                                                                                                                                                                                                                                    |  |                      |    |                          | Board of Agriculture, Division of Water Resources |                           |                |                                |  |
| City, State, ZIP Code : Rose Hill, Ks.                                                                                                                                                                                                                                                                                                                        |  |                      |    |                          | Application Number:                               |                           |                |                                |  |
| 3 DEPTH OF COMPLETED WELL: 95 ft. Bore Hole Diameter: 11 in. to ft., and in. to ft.                                                                                                                                                                                                                                                                           |  |                      |    |                          |                                                   |                           |                |                                |  |
| Well Water to be used as:                                                                                                                                                                                                                                                                                                                                     |  |                      |    |                          |                                                   |                           |                |                                |  |
| 1 Domestic                                                                                                                                                                                                                                                                                                                                                    |  | 3 Feedlot            |    | 5 Public water supply    |                                                   | 8 Air conditioning        |                | 11 Injection well              |  |
| 2 Irrigation                                                                                                                                                                                                                                                                                                                                                  |  | 4 Industrial         |    | 6 Oil field water supply |                                                   | 9 Dewatering              |                | 12 Other (Specify below)       |  |
|                                                                                                                                                                                                                                                                                                                                                               |  |                      |    | 7 Lawn and garden only   |                                                   | 10 Observation well       |                |                                |  |
| Well's static water level: 4.2 ft. below land surface measured on 6 month 19 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)           |    | 5 Wrought iron           |                                                   | 8 Concrete tile           |                | Casing Joints: Glued X Clamped |  |
| 2 PVC                                                                                                                                                                                                                                                                                                                                                         |  | 4 ABS                |    | 6 Asbestos-Cement        |                                                   | 9 Other (specify below)   |                | Welded                         |  |
|                                                                                                                                                                                                                                                                                                                                                               |  |                      |    | 7 Fiberglass             |                                                   |                           |                | Threaded                       |  |
| Blank casing dia: 5 in. to 4.5 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             |                                                   | 7 PVC                     |                | 10 Asbestos-cement             |  |
| 2 Brass                                                                                                                                                                                                                                                                                                                                                       |  | 4 Galvanized steel   |    | 6 Concrete tile          |                                                   | 8 RMP (SR)                |                | 11 Other (specify)             |  |
|                                                                                                                                                                                                                                                                                                                                                               |  |                      |    |                          |                                                   | 9 ABS                     |                | 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 9.5 ft., Dia in. to ft., Dia in. to ft.                                                                                                                                                                                                                                                                                      |  |                      |    |                          |                                                   |                           |                |                                |  |
| Screen-Perforated Intervals: From 4.5 ft. to 9.5 ft., From ft. to ft., From ft. to ft.                                                                                                                                                                                                                                                                        |  |                      |    |                          |                                                   |                           |                |                                |  |
| Gravel Pack Intervals: From 1.4 ft. to 9.5 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 4.0 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: Southwest How many feet: 400 ? 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 No X                                                                                                                                                                                                                                                                                                        |  |                      |    |                          |                                                   |                           |                |                                |  |
| 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 6 month 19 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 8 month 6 day 1980 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                    | 4  | Topsoil                  |                                                   |                           |                |                                |  |
|                                                                                                                                                                                                                                                                                                                                                               |  | 4                    | 12 | Brown Clay               |                                                   |                           |                |                                |  |
|                                                                                                                                                                                                                                                                                                                                                               |  | 12                   | 46 | Light Tan Clay           |                                                   |                           |                |                                |  |
|                                                                                                                                                                                                                                                                                                                                                               |  | 46                   | 95 | Blue Shale               |                                                   |                           |                |                                |  |
| ELEVATION:                                                                                                                                                                                                                                                                                                                                                    |  |                      |    |                          |                                                   |                           |                |                                |  |
| Depth(s) Groundwater Encountered 1. 4.2 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. |  |                      |    |                          |                                                   |                           |                |                                |  |