

1 LOCATION OF WATER WELL: County: Bath Fraction: SE 1/4 NW 1/4 NW 1/4 Section Number: 5 Township Number: T 29 S Range Number: R 3 E/M

Distance and direction from nearest town or city street address of well if located within city? Rose Hill - inside City Limit

2 WATER WELL OWNER: ~~John~~ Jack E Barber Rose Hill Kan 67133
RR#, St. Address, Box # :
City, State, ZIP Code : 117 S. Cedarwood

Board of Agriculture, Division of Water Resources
Application Number:

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:

N			
W	X		E
S			

4 DEPTH OF COMPLETED WELL: ~~#2~~ 105 ft. ELEVATION:
Depth(s) Groundwater Encountered 1. 90 ft. 2. _____ ft. 3. _____ ft.
WELL'S STATIC WATER LEVEL 40 ft. below land surface measured on mo/day/yr
Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm
Est. Yield 60 gpm; Well water was _____ ft. after _____ hours pumping _____ gpm
Bore Hole Diameter 8 1/2 in. to _____ ft., and _____ in. to _____ 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 Lawn and garden only 10 Monitoring well
Was a chemical/bacteriological sample submitted to Department? Yes _____ No X; If yes, mo/day/yr sample was submitted
Water Well Disinfected? Yes X No _____

5 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 _____
Blank casing diameter 5 in. to 70 ft. Dia. _____ in. to _____ ft. Dia. _____ in. to _____ ft.
Casing height above land surface 18 in., weight 160 lbs./ft. Wall thickness or gauge No. 12 1/4
TYPE OF SCREEN OR PERFORATION MATERIAL: 7 PVC 10 Asbestos-cement
1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 11 Other (specify) _____
2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 12 None used (open hole)
SCREEN OR PERFORATION OPENINGS ARE: 5 Gauzed wrapped 8 Saw cut 11 None (open hole)
1 Continuous slot 3 Mill slot 6 Wire wrapped 9 Drilled holes
2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify) _____
SCREEN-PERFORATED INTERVALS: From 70 ft. to 105 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 0 ft. to 20 ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.
What is the nearest source of possible contamination: 10 Livestock pens 14 Abandoned water well
1 Septic tank 4 Lateral lines 7 Pit privy 11 Fuel storage 15 Oil well/Gas well
2 Sewer lines 5 Cess pool 8 Sewage lagoon 12 Fertilizer storage 16 Other (specify below)
3 Watertight sewer lines 6 Seepage pit 9 Feedyard 13 Insecticide storage
Direction from well? East How many feet? 100

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	3	Soil			
3	15	Clay			
15	105	Lime & Shale			

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) 6/24/90 and this record is true to the best of my knowledge and belief. Kansas
Water Well Contractor's License No. 251 This Water Well Record was completed on (mo/day/yr) 6/21/90
under the business name of Winter Wells Drilling by (signature) Charles Winter

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, Topeka, Kansas 66620-7320. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.