

1) LOCATION OF WATER WELL:		Fraction		Section Number		Township Number		Range Number			
County: <u>Sedgwick</u>		<u>SE</u> 1/4 <u>SW</u> 1/4 <u>SW</u> 1/4		<u>25</u>		<u>T</u> <u>29</u> <u>S</u>		<u>R</u> <u>1E</u> <u>EW</u>			
Distance and direction from nearest town or city street address of well if located within city? <u>East of Melvin Nelson 111 St. So. 5920 Sandhill Rd. Mulvane, Ks.</u>											
2) WATER WELL OWNER:		<u>Charles King</u>				Board of Agriculture, Division of Water Resources					
RR#, St. Address, Box # :		<u>210 N. Maple</u>				Application Number:					
City, State, ZIP Code :		<u>Peabody, Ks. 66866</u>									
3) LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4) DEPTH OF COMPLETED WELL: <u>30</u> ft. ELEVATION: _____									
		Depth(s) Groundwater Encountered 1. <u>12</u> ft. 2. _____ ft. 3. _____ ft.									
		WELL'S STATIC WATER LEVEL <u>12</u> ft. below land surface measured on mo/day/yr <u>4-27-89</u>									
		Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm									
		Est. Yield _____ gpm: Well water was _____ ft. after _____ hours pumping _____ gpm									
		Bore Hole Diameter <u>11</u> 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 <u>X</u> ; If yes, mo/day/yr sample was submitted _____											
Water Well Disinfected? Yes <u>X</u> No _____											
5) TYPE OF BLANK CASING USED:		3 Wrought iron		8 Concrete tile		CASING JOINTS: Glued <u>X</u> Clamped _____					
1 Steel 3 RMP (SR)		6 Asbestos-Cement		9 Other (specify below)		Welded _____					
2 PVC 4 ABS		7 Fiberglass		<u>Cer-Mac styrene SDR-26</u>		Threaded _____					
Blank casing diameter _____ in. to _____ ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ 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:		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 _____ ft. to _____ 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 _____ ft. to _____ 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) _____											
Direction from well? <u>N.E.</u> How many feet? <u>100</u>											
FROM		TO		LITHOLOGIC LOG		FROM		TO		PLUGGING INTERVALS	
<u>0</u>		<u>3</u>		<u>topsoil</u>							
<u>3</u>		<u>21</u>		<u>fine sand</u>							
<u>21</u>		<u>30</u>		<u>medium sand</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>4-27-89</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>6-1-89</u>											
under the business name of <u>Harp Well and 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 to three copies to Kansas Department of Health and Environment, Bureau of Water Protection, Topeka, Kansas 66620-7320. Telephone: 913-296-5514. Send one to WATER WELL OWNER and retain one for your records.											