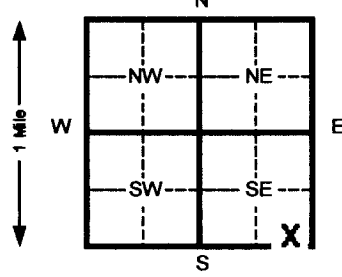


1 LOCATION OF WATER WELL: County: SEDGWICK		Fraction SE $\frac{1}{4}$ SW $\frac{1}{4}$ SE $\frac{1}{4}$ NE $\frac{1}{4}$		Section Number 32		Township Number 29 S		Range Number 2 E	
Distance and direction from nearest town or city street address of well if located within city? 824 SADDLE RUN MULVANE KANSAS									
2 WATER WELL OWNER: SID STAHL									
RR#, St. Address, Box # : 824 SADDLE RUN					Board of Agriculture, Division of Water Resources				
City, State, ZIP Code : MULVANE KS 67110					Application Number:				
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: 			4 DEPTH OF COMPLETED WELL 80 ft. ELEVATION: Depth(s) Groundwater Encountered 1 55 ft. 2 _____ ft. 3 _____ ft. WELL'S STATIC WATER LEVEL 55 ft. below land surface measured on mo/day/yr 09-25-2002 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 10 in. to 80 ft. and _____ in. to _____ ft. WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well 1 Domestic 3 Feed lot 6 Oil field water supply 9 Dewatering 12 Other (Specify below) 2 Irrigation 4 Industrial 7 Lawn and garden (domestic) 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 _____ 7 Fiberglass _____ Threaded _____ Blank casing diameter 5 in. to 60 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft. Casing height above land surface 16 in., weight _____ lbs./ft. Wall thickness or gauge No. SDR26 TYPE OF SCREEN OR PERFORATION MATERIAL: 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: 1 Continuous slot 3 Mill slot 5 Gauzed wrapped 8 Saw cut 11 None (open hole) 2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify) _____ SCREEN-PERFORATED INTERVALS: From 60 ft. to 80 ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft. GRAVEL PACK INTERVALS: From 23 ft. to 80 ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.									
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____ Grout intervals From 3 ft. to 23 ft. 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) _____ 13 Insecticide storage _____ Direction from well? EAST How many feet? 25 FROM TO CODE LITHOLOGIC LOG FROM TO PLUGGING INTERVALS 0 45 CLAY 45 55 FINE SAND 55 62 COARSE SAND 62 64 HARD SAND STONE 64 68 COARSE SAND 68 80 GRAY SOFT 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/yr) 09-25-2002 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 559 This Water Well Record was completed on (mo/day/yr) 10-03-2002 under the business name of MARTIN WATER WELL DRILLING by (signature) Garey E. Martin INSTRUCTIONS: Please fill in blanks and circle the correct answers. Send three copies to Kansas Department of Health and Environment, Bureau of Water, Topeka, Kansas 66620-0001. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.									

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