

1 LOCATION OF WATER WELL: County: SEDGWICK		Fraction SE 1/4 NW 1/4 NE 1/4	Section Number 30	Township Number 29S	Range Number 2E
Distance and direction from nearest town or city street address of well if located within city? #5 LAKE DR; MULVANE					
2 WATER WELL OWNER: DENNIS MCKERRACHER					
RR#, St. Address, Box # : #5 LAKE DR.			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 90 ft. ELEVATION:			
		Depth(s) Groundwater Encountered 1 23 ft. 2 _____ ft. 3 _____ ft.			
		WELL'S STATIC WATER LEVEL 23 ft. below land surface measured on mo/day/yr 8/2/04			
		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 90 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 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 90 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.					
Casing height above land surface 16 in., weight 160 lbs./ft. Wall thickness or gauge No. 26					
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)					
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 6 Wire wrapped 9 Drilled holes					
7 Torch cut 10 Other (specify)					
SCREEN-PERFORATED INTERVALS: From 50 ft. to 90 ft. From _____ ft. to _____ ft.					
GRAVEL PACK INTERVALS: From 24 ft. to 90 ft. From _____ ft. to _____ ft.					
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other					
Grout Intervals From 4 ft. to 24 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? NORTHEAST How many feet? 30					
FROM TO CODE LITHOLOGIC LOG FROM TO PLUGGING INTERVALS					
0 2 TOPSOIL					
2 21 CLAY					
21 24 FINE SAND/CLAY					
24 37 FINE/MED SAND					
37 61 BLUE SHALE					
61 66 LIMESTONE					
66 90 BLUE 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) 8/2/04 and this record is true to the best of my knowledge and belief. Kansas					
Water Well Contractor's License No. 611 This Water Well Record was completed on (mo/day/yr) 8/24/04					
under the business name of CHASE DRILLING by (signature) R. Chase					
INSTRUCTIONS: Please fill in blanks and circle the correct answers. Send three copies to Kansas Department of Health and Environment, Bureau of Water, 1000 S W Jackson St., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.					

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