

1 LOCATION OF WATER WELL:		Fraction		Section Number		Township Number		Range Number											
County: SEDGWICK		SE ¼ SW ¼ NE ¼		32		T 29S S		R 2E EW											
Distance and direction from nearest town or city street address of well if located within city? 927 CEDARBROOK CIR; MULVANE																			
2 WATER WELL OWNER: FRANK RODRIGUEZ																			
RR#, St. Address, Box #: 927 CEDARBROOK CIR																			
City, State, ZIP Code: MULVANE, KS 67110																			
Board of Agriculture, Division of Water Resources Application Number:																			
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL 78 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 8/4/04																	
		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 78 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 <u>Lawn and garden (domestic)</u> 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 <u>Steel</u> 3 RMP (SR) 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued X Clamped																			
2 <u>PVC</u> 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded _____																			
7 Fiberglass _____ Threaded _____																			
Blank casing diameter 5 in. to 78 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 <u>PVC</u> 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 <u>Mill slot</u> 5 Gauzed wrapped 8 Saw cut 11 None (open hole)																			
2 Louvered shutter 4 Key punched 6 Wire wrapped 9 Drilled holes 12 Other (specify) _____																			
7 Torch cut 10 Other (specify) _____																			
SCREEN-PERFORATED INTERVALS: From 58 ft. to 78 ft. From _____ ft. to _____ ft.																			
GRAVEL PACK INTERVALS: From 24 ft. to 78 ft. From _____ ft. to _____ ft.																			
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 <u>Bentonite</u> 4 Other _____																			
Grout Intervals From 4 ft. to 24 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 <u>Watertight sewer lines</u> 6 Seepage pit 9 Feedyard 12 Fertilizer storage 16 Other (specify below) _____																			
13 Insecticide storage _____																			
Direction from well? EAST How many feet? 32																			
FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS													
0	2		TOPSOIL																
2	19		CLAY																
19	41		MED/FINE SAND																
41	76		BLUE SHALE																
76	78		LIMESTONE																
RECEIVED SEP 07 2004 BUREAU OF WATER																			
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) <u>constructed</u> , (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/yr) 8/4/04 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) <u>R. Chase</u>																			
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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