

1 LOCATION OF WATER WELL:		Fraction <u>SE SW SE NE</u>		Section Number <u>32 30</u>		Township Number <u>29S</u> S		Range Number <u>2E</u> EW	
County: SEDGWICK									
Distance and direction from nearest town or city street address of well if located within city? 1702 TIMBERCREEK; MULVANE									
2 WATER WELL OWNER: FRANK HLADIK									
RR#, St. Address, Box # : 1702 TIMBERCREEK					Board of Agriculture, Division of Water Resources				
City, State, ZIP Code : MULVANE, KS					Application Number:				
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:			4 DEPTH OF COMPLETED WELL <u>50</u> ft. ELEVATION:						
			Depth(s) Groundwater Encountered 1 <u>20</u> ft. 2 _____ ft. 3 _____ ft.						
			WELL'S STATIC WATER LEVEL <u>20</u> ft. below land surface measured on mo/day/yr <u>9/5/04</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>10</u> in. to <u>50</u> 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 <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:									
1 Steel 3 RMP (SR) 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued <u>X</u> Clamped									
2 <u>PVC</u> 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded _____									
7 Fiberglass _____ Threaded _____									
Blank casing diameter <u>5</u> in. to <u>50</u> ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft.									
Casing height above land surface <u>16</u> in., weight <u>160</u> lbs./ft. Wall thickness or gauge No. <u>26</u>									
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) _____									
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									
7 Torch cut 10 Other (specify) _____									
SCREEN-PERFORATED INTERVALS: From <u>40</u> ft. to <u>50</u> ft. From _____ ft. to _____ ft.									
GRAVEL PACK INTERVALS: From <u>24</u> ft. to <u>50</u> ft. From _____ ft. to _____ ft.									
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 <u>Bentonite</u> 4 Other _____									
Grout Intervals From <u>4</u> ft. to <u>24</u> 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 <u>Sewer lines</u> 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? NORTHWEST How many feet? <u>25</u>									
FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS			
0	2		TOPSOIL						
2	23		CLAY						
23	47		MED SAND						
47	50		SHALE						
RECEIVED OCT 11 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) <u>9/5/04</u> and this record is true to the best of my knowledge and belief. Kansas									
Water Well Contractor's License No. <u>611</u> This Water Well Record was completed on (mo/day/yr) <u>10/3/04</u>									
under the business name of <u>CHASE DRILLING</u> 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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