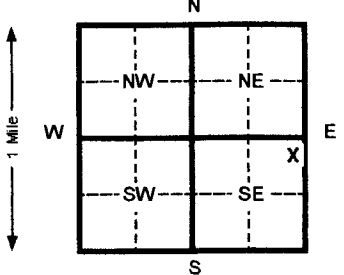


1 LOCATION OF WATER WELL: County: SEDGWICK		Fraction: NE SE SE SE NE SE	Section Number: 32	Township Number: 29S	Range Number: 2E
Distance and direction from nearest town or city street address of well if located within city? 806 TRAIL DR; MULVANE					
2 WATER WELL OWNER: REX CARLSON RR#, St. Address, Box #: 806 TRAIL DR. City, State, ZIP Code: MULVANE, KS 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: 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 11/11/04 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 <u>Oil field water supply</u> 9 Dewatering 12 Other (Specify below) 2 Irrigation 4 Industrial <u>7 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 _____ <u>2 PVC</u> 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 8 <u>RMP (SR)</u> 10 Asbestos-cement 2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 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 40 ft. to 90 ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft. GRAVEL PACK INTERVALS: From 24 ft. to 90 ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.					
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout <u>3 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? SOUTH How many feet? 17					
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <u>(1) constructed</u> , (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/yr) 11/11/04 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) 12/7/04 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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