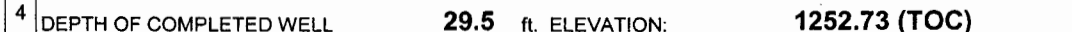


501 N. 2nd Avenue, Mulvane, KS

Board of Agriculture, Division of Water Resources
Application Number:

4 DEPTH OF COMPLETED WELL **29.5** ft. ELEVATION: **1252.73 (TOC)**



WELL'S STATIC WATER LEVEL	20.90	ft. below land surface measured on mo/day/yr	9-22-05
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Pump test data:		Well water was	ft. after	hours pumping	gpm
Est. Yield	gpm:	Well water was	ft. after	hours pumping	gpm

WELL WATER TO BE USED AS:	5 Public water supply	8 Air conditioning	11 Injection well
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2 Irrigation	4 Industrial	7 Lawn and garden (domestic)	10 Monitoring well	_____
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submitted	Water Well Disinfected? Yes	No X
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1 Steel	3 RMP (SR)	6 Asbestos-Cement	9 Other (specify below)	Welded
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Blank casing diameter	2	in to	14.5	ft. Dia	in to	ft. Dia

Casing height above land surface Flashpoint Int., weight 0.765 lbs./ft. Wall thickness or gauge No. SCM: 40

TYPE OF SCREEN OR PERFORATION MATERIAL: 7. PVC 10. Asbestos cement

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)

1 Continuous slot	3 Mill slot	6 Wire wrapped	9 Drilled holes
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SCREEN-PERFORATED INTERVALS: From **14.5** ft. to **29.5** ft. From _____ ft. to _____ ft.

GRAVEL PACK INTERVALS: From **12.5** ft. to **30** ft. From _____ ft. to _____ ft.

6	GROUT MATERIAL:	1 Neat cement	2 Cement grout	3 Bentonite	4 Other
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What is the nearest source of possible contamination: 10. Livestock pens 14. Abandoned water well

1 Septic tank	4 Lateral lines	7 Pit privy	11 Fuel storage	15 Oil well Gas well
2 Sewer lines	5 Cess pool	8 Sewage lagoon	12 Fertilizer storage	16 Other (specify below)

Direction from well? _____ How many feet? _____

0	0.5	Asphalt			
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5	15.5	CL	Lean Clay			
15.5	16	ML	Silt			

22.5	30	SW	Sand, fine to coarse grain			
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[illegible]

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[illegible]

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was

Water Well Contractor's License No. 531 This Water Well Record was completed on (mo/day/yr) 10-11-05

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.

Form provided by Forms-On-A-Disk, Inc., Dallas, Texas • (214) 340-94