GSI Job No. 057192 **MW-6**

WATER WELL RECORD Form WWC-5 KSA 82a-1212 ID No. **00365493**

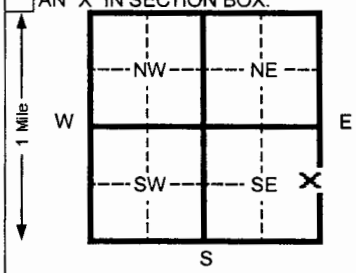
1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: **Sedgwick**	**SE** ¼ **NE** ¼ **SE** ¼	**31**	T **29** S	R **02** E

Distance and direction from nearest town or city street address of well if located within city?
501 N. 2nd Avenue, Mulvane, KS

2 WATER WELL OWNER: **Tom Ingalls**
RR#, St. Address, Box # : **718 Erin**
City, State, ZIP Code : **Mulvane, KS 67110**

Board of Agriculture, Division of Water Resources
Application Number:

3 LOCATE WELL'S LOCATON WITH AN "X" IN SECTION BOX:



4 DEPTH OF COMPLETED WELL **30** ft. ELEVATION: **1252.99 (TOC)**

Depth(s) Groundwater Encountered 1 **22** ft. 2 ____ ft. 3 ____ ft.

WELL'S STATIC WATER LEVEL **21.21** ft. below land surface measured on mo/day/yr **9-22-05**

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 **8.5** in. to **30** ft. and ____ in. to ____ ft.

WELL WATER TO BE USED AS: 1 Domestic 3 Feed lot 5 Public water supply 6 Oil field water supply 7 Lawn and garden (domestic) 8 Air conditioning 9 Dewatering 10 Monitoring well 11 Injection well 12 Other (Specify below)

Was a chemical/bacteriological sample submitted to Department? Yes ____ No **X** If yes, mo/day/yr sample was submitted

Water Well Disinfected? Yes ____ No **X**

5 TYPE OF BLANK CASING USED: 1 Steel 2 PVC 3 RMP (SR) 4 ABS 5 Wrought Iron 6 Asbestos-Cement 7 Fiberglass 8 Concrete tile 9 Other (specify below)

CASING JOINTS: Glued ____ Clamped ____ Welded ____ Threaded **Flush**

Blank casing diameter **2** in. to **15** ft., Dia ____ in. to ____ ft., Dia ____ in. to ____ ft.

Casing height above land surface **Flushmount** in., weight **0.703** lbs./ft. Wall thickness or gauge No. **Sch. 40**

TYPE OF SCREEN OR PERFORATION MATERIAL: 1 Steel 2 Brass 3 Stainless steel 4 Galvanized steel 5 Fiberglass 6 Concrete tile 7 PVC 8 RMP (SR) 9 ABS 10 Asbestos-cement 11 Other (specify) ____ 12 None used (open hole)

SCREEN OR PERFORATION OPENINGS ARE: 1 Continuous slot 2 Louvered shutter 3 Mill slot 4 Key punched 5 Gauzed wrapped 6 Wire wrapped 7 Torch cut 8 Saw cut 9 Drilled holes 10 Other (specify) ____ 11 None (open hole)

SCREEN-PERFORATED INTERVALS: From **15** ft. to **30** ft. From ____ ft. to ____ ft.
From ____ ft. to ____ ft. From ____ ft. to ____ ft.

GRAVEL PACK INTERVALS: From **13** ft. to **30** ft. From ____ ft. to ____ ft.
From ____ ft. to ____ ft. From ____ ft. to ____ ft.

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other ____

Grout Intervals From **1** ft. to **13** ft. From ____ ft. to ____ ft. From ____ ft. to ____ ft.

What is the nearest source of possible contamination:
1 Septic tank 2 Sewer lines 3 Watertight sewer lines 4 Lateral lines 5 Cess pool 6 Seepage pit 7 Pit privy 8 Sewage lagoon 9 Feedyard 10 Livestock pens 11 Fuel storage 12 Fertilizer storage 13 Insecticide storage 14 Abandoned water well 15 Oil well/ Gas well 16 Other (specify below) ____

Direction from well? How many feet?

FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	0.5		Asphalt			
0.5	15	CL-ML	Silty Clay			
15	30	SP	Sand, fine grain			

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) **10-7-05** and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **531** This Water Well Record was completed on (mo/day/yr) **10-11-05** under the business name of **Geotechnical Services, Inc.** by (signature)

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.

OFFICE USE ONLY T R SEC

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