

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

501 N. 2nd Avenue, Mulvane, KS

Board of Agriculture, Division of Water Resources
Application Number:

4 DEPTH OF COMPLETED WELL		30 ft. ELEVATION:		1251.92 (TOC)	
Depth(s) Groundwater Encountered		1	22	ft. 2	ft. 3
WELL'S STATIC WATER LEVEL		20.35 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
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 Lawn and garden (domestic)	10 Monitoring well	
Was a chemical/bacteriological sample submitted to Department? Yes No ☒ If yes, mo/day/yr sample was submitted					
Water Well Disinfected? Yes No ☒					

5 Wrought Iron	8 Concrete tile	CASING JOINTS: Glued _____ Clamped _____ Welded _____ Threaded Flush
6 Asbestos-Cement	9 Other (specify below)	
7 Fiberglass		

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**

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)
SCREEN OR PERFORATION OPENINGS ARE:			5 Gauzed wrapped	8 Saw cut
1 Continuous slot	3 Mill slot	6 Wire wrapped	9 Drilled holes	11 None (open hole)
2 Louvered shutter	4 Key punched	7 Torch cut	10 Other (specify) _____	
SCREEN-PERFORATED INTERVALS:				
	From	15	ft. to	30
	ft. From		ft. From	
GRAVEL PACK INTERVALS:				
	From	13	ft. to	30
	ft. From		ft. From	

6	GROUT MATERIAL:		1 Neat cement	2 Cement grout	3 Bentonite	4 Other
Grout Intervals	From	1	ft. to	13	ft. to	ft. From ft. to ft.

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)
3 Watertight sewer lines	6 Seepage pit	9 Feedyard	13 Insecticide storage	

Direction from well? _____ How many feet? _____

[illegible]

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) [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.