

1 LOCATION OF WATER WELL: County: Sedgwick		Fraction: NE 1/4 SE 1/4 SE 1/4	Section Number: 31	Township Number: T 29 S	Range Number: 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 LOCATION WITH AN "X" IN SECTION BOX: 		4 DEPTH OF COMPLETED WELL: 30 ft. ELEVATION: 1251.52 (TOC) Depth(s) Groundwater Encountered 1 19.5 ft. 2 _____ ft. 3 _____ ft. WELL'S STATIC WATER LEVEL: 20.72 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: 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 X If yes, mo/day/yr sample was submitted _____ Water Well Disinfected? Yes _____ No X			
5 TYPE OF BLANK CASING USED: 1 Steel 3 RMP (SR) 2 PVC 4 ABS 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		5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued _____ Clamped _____ 6 Asbestos-Cement 9 Other (specify below) _____ Welded _____ 7 Fiberglass _____ Threaded Flush			
TYPE OF SCREEN OR PERFORATION MATERIAL: 1 Steel 3 Stainless steel 5 Fiberglass 2 Brass 4 Galvanized steel 6 Concrete tile SCREEN OR PERFORATION OPENINGS ARE: 1 Continuous slot 3 Mill slot 6 Wire wrapped 2 Louvered shutter 4 Key punched 7 Torch cut 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.		7 PVC 10 Asbestos-cement 8 RMP (SR) 11 Other (specify) _____ 9 ABS 12 None used (open hole) _____ 8 Saw cut 11 None (open hole) _____ 9 Drilled holes 10 Other (specify) _____			
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 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 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer storage 16 Other (specify below) _____ 13 Insecticide storage _____ Direction from well? _____ How many feet? _____					
FROM TO CODE LITHOLOGIC LOG FROM TO PLUGGING INTERVALS					
0	0.5		Topsoil		
0.5	4	ML	Silt		
4	10	CL-ML	Silty Clay, low plasticity		
10	14	CI-ML	Silty Clay, high plasticity		
14	19	SP	Sand, fine to med grain		
19	30	SW	Sand, fine to very coarse 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.					