

1 LOCATION OF WATER WELL:		Fraction <u>SW SE NW SE</u>	Section Number <u>30</u>	Township Number <u>T 29 S</u>	Range Number <u>R 2 E EW</u>				
County: <u>Sedgwick</u>		<u>SE</u> 1/4 <u>SW</u> 1/4 <u>NE</u> 1/4							
Distance and direction from nearest town or city street address of well if located within city? <u>17 Circle Drive</u> <u>Mulvane, Ks.</u>									
2 WATER WELL OWNER: <u>H.L. Cox</u>									
RR#, St. Address, Box # : <u>17 Circle Drive</u> Board of Agriculture, Division of Water Resources									
City, State, ZIP Code : <u>Mulvane, Kansas 67110</u> Application Number:									
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL: <u>67</u> ft. ELEVATION:							
N 1 Mile W E S <table border="1" style="margin: auto; text-align: center;"><tr><td>NW</td><td>NE</td></tr><tr><td>SW</td><td>SE</td></tr></table>		NW	NE	SW	SE	Depth(s) Groundwater Encountered 1. <u>25</u> ft. 2. ft. 3. ft.			
		NW	NE						
		SW	SE						
		WELL'S STATIC WATER LEVEL <u>25</u> ft. below land surface measured on mo/day/yr <u>6-21-83</u>							
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 <u>11</u> in. to ft., and in. to ft.									
WELL WATER TO BE USED AS:				5 Public water supply 8 Air conditioning 11 Injection well					
1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)									
2 Irrigation 4 Industrial 7 Lawn and garden only 10 Observation well									
Was a chemical/bacteriological sample submitted to Department? Yes.....No... <u>X</u>; If yes, mo/day/yr sample was sub- mitted Water Well Disinfected? Yes <u>X</u> No									
5 TYPE OF BLANK CASING USED:									
1 Steel 3 <u>RMP (SR)</u>		5 Wrought iron 8 Concrete tile		CASING JOINTS: Glued <u>X</u> Clamped					
2 PVC 4 <u>ABS</u>		6 Asbestos-Cement 9 Other (specify below)		Welded					
		7 Fiberglass <u>Cer-Mac styrene SDR-26</u>		Threaded					
Blank casing diameter <u>5</u> in. to <u>28</u> ft., Dia. in. to ft., Dia. in. to ft.									
Casing height above land surface <u>12</u> in., weight <u>1.59</u> lbs./ft. Wall thickness or gauge No. <u>203</u>									
TYPE OF SCREEN OR PERFORATION MATERIAL:									
1 Steel 3 Stainless steel 5 Fiberglass 8 <u>RMP (SR)</u>		7 PVC 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 Mill slot 5 Gauzed wrapped 8 <u>Saw cut</u> 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 <u>28</u> ft. to <u>67</u> ft., From ft. to ft.									
GRAVEL PACK INTERVALS: From <u>14</u> ft. to <u>67</u> ft., From ft. to ft.									
6 GROUT MATERIAL: 1 Neat cement 2 <u>Cement grout</u> 3 Bentonite 4 Other									
Grout Intervals: From <u>4</u> ft. to <u>14</u> 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 <u>None Apparent</u>							
Direction from well? How many feet?									
FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG				
0	3	Topsoil							
3	24	Clay							
24	34	Fine Sand							
34	67	Grey Shale							
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) <u>constructed</u> , (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) <u>6-21-83</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>236</u> This Water Well Record was completed on (mo/day/yr) <u>10-2-83</u> under the business name of <u>Harp Well & Pump Service, Inc.</u> by (signature) <u>Mary Arnold</u>									
INSTRUCTIONS: Use typewriter or ball point pen, <u>PLEASE PRESS FIRMLY</u> and <u>PRINT</u> clearly. Please fill in blanks, underline or circle the correct answers. Send top three copies to Kansas Department of Health and Environment, Division of Environment, Environmental Geology Section, Topeka, KS 66620. Send one to WATER WELL OWNER and retain one for your records.									