

1 LOCATION OF WATER WELL: County: Sedgwick Fraction SE 1/4 SE 1/4 SE 1/4 Section Number 31 Township Number 29 S Range Number 2 E/W

2 WATER WELL OWNER: Amoco Service Station No. 7174 MW 11 Board of Agriculture, Division of Water Resources

RR#, St. Address, Box #: 203 North 2nd St. Application Number:

City, State, ZIP Code: Mulvane, Kansas 67110

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: [Section Box Diagram]

4 DEPTH OF COMPLETED WELL: 24 ft. ELEVATION: [Blank]

Depth(s) Groundwater Encountered 1. [Blank] ft. 2. [Blank] ft. 3. [Blank] ft.

WELL'S STATIC WATER LEVEL [Blank] ft. below land surface measured on mo/day/yr

Pump test data: Well water was [Blank] ft. after [Blank] hours pumping [Blank] gpm

Est. Yield [Blank] gpm: Well water was [Blank] ft. after [Blank] hours pumping [Blank] gpm

Bore Hole Diameter 8 in. to 24 in. to [Blank] in. to [Blank] in.

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 Monitoring well

Was a chemical/bacteriological sample submitted to Department? Yes [Blank] No [Blank] If yes, mo/day/yr sample was submitted [Blank]

Water Well Disinfected? Yes [Blank] No [Blank]

5 TYPE OF BLANK CASING USED: 1 Steel 3 RMP (SR) 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued [Blank] Clamped [Blank]

2 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded [Blank]

Blank casing diameter 2 in. to [Blank] ft. Dia [Blank] in. to [Blank] ft. Dia [Blank] in. to [Blank] ft.

Casing height above land surface [Blank] in. weight [Blank] lbs./ft. Wall thickness or gauge No. [Blank]

TYPE OF SCREEN OR PERFORATION MATERIAL: 1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 10 Asbestos-cement

2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 11 Other (specify) [Blank]

12 None used (open hole)

SCREEN OR PERFORATION OPENINGS ARE: 1 Continuous slot 3 Mill slot 5 Gauzed wrapped 8 Saw cut 11 None (open hole)

2 Louvered shutter 4 Key punched 6 Wire wrapped 9 Drilled holes 10 Other (specify) [Blank]

SCREEN-PERFORATED INTERVALS: From [Blank] ft. to [Blank] ft. From [Blank] ft. to [Blank] ft.

GRAVEL PACK INTERVALS: From [Blank] ft. to [Blank] ft. From [Blank] ft. to [Blank] ft.

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

Grout Intervals: From [Blank] ft. to [Blank] ft. From [Blank] ft. to [Blank] 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) [Blank]

Direction from well? [Blank] How many feet? [Blank]

LITHOLOGIC LOG: FROM TO [Blank] Silt Clay

PLUGGING INTERVALS: FROM TO [Blank]

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/year) 7/26/90 and this record is true to the best of my knowledge and belief. Kansas

Water Well Contractor's License No. 102 This Water Well Record was completed on (mo/day/yr) 3/16/95

under the business name of Layne Western Co., Inc., Wichita, Ks. by (signature) [Signature]

INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks, underline or circle the correct answer. Send top three copies to Kansas Department of Health and Environment, Bureau of Water, Topeka, Kansas 66620-7320. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.