

1) LOCATION OF WATER WELL:		Fraction		Section Number	Township Number	Range Number
County: Sedgwick		NW ¼ NE ¼ SE ¼	32	T 29 S	R 2E E/W	
Distance and direction from nearest town or city street address of well if located within city?						
601 Ridge Point Drive Mulvane, Ks.						
2) WATER WELL OWNER:						
RR#, St. Address, Box # :		Board of Agriculture, Division of Water Resources				
City, State, ZIP Code :		Application Number:				
Mulvane, Kansas						
3) LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4) DEPTH OF COMPLETED WELL 85 ft. ELEVATION:				
N +-----+ NW NE +-----+ SW SE +-----+ S ↑ Mile W E ↓		Depth(s) Groundwater Encountered 1. ft. 2. ft. 3. ft. WELL'S STATIC WATER LEVEL 40 ft. below land surface measured on mo/day/yr 3-6-91 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 11 in. to 85 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 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 X No				
5) TYPE OF BLANK CASING USED:						
Blank casing diameter 5 in. to 40 ft., Dia in. to ft., Dia in. to ft.						
Casing height above land surface 12 in., weight 2.29 lbs./ft. Wall thickness or gauge No. 214						
TYPE OF SCREEN OR PERFORATION MATERIAL:						
SCREEN OR PERFORATION OPENINGS ARE:						
SCREEN-PERFORATED INTERVALS:						
GRAVEL PACK INTERVALS:						
6) GROUT MATERIAL:						
Grout Intervals: From 4 ft. to 24 ft., From ft. to ft., From ft. to ft.						
What is the nearest source of possible contamination:						
Direction from well? South How many feet? 20						
FROM		TO		LITHOLOGIC LOG	FROM	TO
0		3		topsoil		
3		35		clay		
35		44		fine sand		
44		85		grey shale		
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) 3-6-91 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 236 This Water Well Record was completed on (mo/day/yr) 4-1-91 under the business name of Harp Well and Pump Service, Inc. by (signature)						
INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks, underline or circle the correct answers. 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.						