

1 LOCATION OF WATER WELL:		Fraction <u>NW SE SW NE</u>		Section Number	Township Number	Range Number
County: <u>Sedgwick</u>		<u>NE 1/4 SW 1/4 NE 1/4</u>		32	T 29 S	R 2E E/W
Distance and direction from nearest town or city street address of well if located within city?						
<u>722 Rivera Mulvane, Kansas</u>						
2 WATER WELL OWNER: <u>Megonigle, Diane</u>						
RR#, St. Address, Box # : <u>722 Rivera</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>80</u> ft. ELEVATION:				
		Depth(s) Groundwater Encountered 1. <u>35</u> ft. 2. <u>80</u> ft. 3. <u>4-19-91</u> ft.				
		WELL'S STATIC WATER LEVEL <u>35</u> ft. below land surface measured on mo/day/yr <u>4-19-91</u>				
		Pump test data: Well water was <u>11</u> ft. after <u>80</u> hours pumping <u>11</u> gpm				
		Est. Yield <u>11</u> gpm: Well water was <u>80</u> ft. after <u>11</u> hours pumping <u>11</u> gpm				
		Bore Hole Diameter <u>11</u> in. to <u>80</u> ft., and <u>11</u> in. to <u>80</u> 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 <u>No</u> <u>X</u> ; If yes, mo/day/yr sample was submitted				
		Water Well Disinfected? Yes <u>X</u> No				
5 TYPE OF BLANK CASING USED:						
1 Steel		3 RMP (SR)		5 Wrought iron		8 Concrete tile
2 PVC		4 ABS		6 Asbestos-Cement		CASING JOINTS: Glued <u>X</u> Clamped
				7 Fiberglass		9 Other (specify below)
				SDR-26		Welded
						Threaded
Blank casing diameter <u>5</u> in. to <u>35</u> ft. Dia						
Casing height above land surface <u>12</u> in. weight <u>2.29</u> lbs./ft. Wall thickness or gauge No. <u>214</u>						
TYPE OF SCREEN OR PERFORATION MATERIAL:						
1 Steel		3 Stainless steel		5 Fiberglass		7 PVC
2 Brass		4 Galvanized steel		6 Concrete tile		8 RMP (SR)
						10 Asbestos-cement
						11 Other (specify)
						12 None used (open hole)
SCREEN OR PERFORATION OPENINGS ARE:						
1 Continuous slot		3 Mill slot		5 Gauzed wrapped		8 Saw cut
2 Louvered shutter		4 Key punched		6 Wire wrapped		9 Drilled holes
				7 Torch cut		10 Other (specify)
						11 None (open hole)
SCREEN-PERFORATED INTERVALS: From <u>35</u> ft. to <u>80</u> ft., From <u>35</u> ft. to <u>80</u> ft., From <u>35</u> ft. to <u>80</u> ft., From <u>35</u> ft. to <u>80</u> ft.						
GRAVEL PACK INTERVALS: From <u>24</u> ft. to <u>80</u> ft., From <u>24</u> ft. to <u>80</u> ft., From <u>24</u> ft. to <u>80</u> ft., From <u>24</u> ft. to <u>80</u> ft.						
6 GROUT MATERIAL:						
1 Neat cement		2 Cement grout		3 Bentonite		4 Other
Grout Intervals: From <u>4</u> ft. to <u>24</u> ft., From <u>24</u> ft. to <u>80</u> ft., From <u>24</u> ft. to <u>80</u> ft., From <u>24</u> ft. to <u>80</u> ft.						
What is the nearest source of possible contamination:						
1 Septic tank		4 Lateral lines		7 Pit privy		10 Livestock pens
2 Sewer lines		5 Cess pool		8 Sewage lagoon		11 Fuel storage
3 Watertight sewer lines		6 Seepage pit		9 Feedyard		12 Fertilizer storage
						13 Insecticide storage
						14 Abandoned water well
						15 Oil well/Gas well
						16 Other (specify below)
Direction from well? <u>North</u>						<u>85</u>
						How many feet?
FROM TO LITHOLOGIC LOG FROM TO PLUGGING INTERVALS						
0 3 topsoil						
3 31 clay						
31 39 fine sand						
39 80 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) <u>4-19-91</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>5-31-91</u> under the business name of <u>Harp Well and Pump Service, Inc.</u> by (signature) <u>Mary Arnold</u>						
INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks, underline or circle the correct answers. Send two 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.						