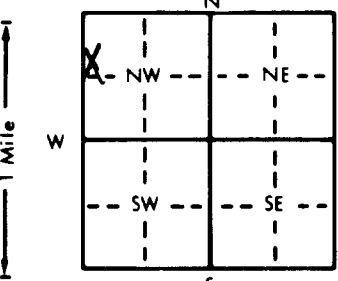


1) LOCATION OF WATER WELL: County: <u>Sedgwick</u>		Fraction (<u>SW</u>) $\frac{1}{4}$ NW $\frac{1}{4}$ <u>SE</u> NW $\frac{1}{4}$	Section Number <u>32</u>	Township Number T <u>29</u> S	Range Number R <u>2</u> E
Distance and direction from nearest town or city street address of well if located within city? <u>NE Corner Rock Rd & K-15 ; Mulvane, KS</u>					
2) WATER WELL OWNER: RR#, St. Address, Box # : City, State, ZIP Code : <u>KDOT Attn: Scott Vogel</u> <u>Docking state office Bldg</u> <u>Topeka KS 66612-1568</u>			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: <u>42'</u> ft. ELEVATION: <u>NA</u>			
 A diagram showing a section box divided into four quadrants labeled NW, NE, SW, and SE. An 'X' is marked in the NW quadrant.		Depth(s) Groundwater Encountered 1. _____ ft. 2. _____ ft. 3. _____ ft.			
		WELL'S STATIC WATER LEVEL <u>NA</u> _____ ft. below land surface measured on mo/day/yr			
		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>8</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 <u>10 Monitoring well - Temporary</u>			
		Was a chemical/bacteriological sample submitted to Department? Yes _____ No <u>X</u> ; If yes, mo/day/yr sample was submitted _____			
		Water Well Disinfected? Yes _____ No <u>X</u>			
5) TYPE OF BLANK CASING USED:					
1 Steel		3 RMP (SR)		CASING JOINTS: Glued _____ Clamped _____	
<u>2 PVC</u>		4 ABS		Welded _____ Threaded <u>Flush</u>	
Blank casing diameter <u>42</u> _____ in. to _____ ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.		5 Wrought iron		8 Concrete tile	
Casing height above land surface <u>NA</u> _____ in., weight <u>.703</u> _____ lbs./ft. Wall thickness or gauge No. <u>154</u>		6 Asbestos-Cement		9 Other (specify below)	
TYPE OF SCREEN OR PERFORATION MATERIAL:		7 Fiberglass		10 Asbestos-cement	
1 Steel		3 Stainless steel		8 RMP (SR)	
2 Brass		4 Galvanized steel		9 ABS	
SCREEN OR PERFORATION OPENINGS ARE:		5 Gauzed wrapped		8 Saw cut	
1 Continuous slot		<u>3 Mill slot</u>		9 Drilled holes	
2 Louvered shutter		4 Key punched		10 Other (specify) _____	
SCREEN-PERFORATED INTERVALS: From <u>42.0</u> _____ ft. to <u>27.0</u> _____ ft., From _____ ft. to _____ ft.		6 Wire wrapped		11 None (open hole)	
GRAVEL PACK INTERVALS: From <u>42.0</u> _____ ft. to <u>25.0</u> _____ ft., From _____ ft. to _____ ft.		7 Torch cut			
		8 Concrete tile			
		9 ABS			
6) GROUT MATERIAL:					
1 Neat cement		2 Cement grout		<u>3 Bentonite</u>	
Grout Intervals: From <u>25.0</u> _____ ft. to <u>22.0</u> _____ ft., From <u>22.0</u> _____ ft. to <u>0.0</u> _____ ft.		4 Other <u>Backfill</u>			
What is the nearest source of possible contamination:					
1 Septic tank		4 Lateral lines		7 Pit privy	
2 Sewer lines		5 Cess pool		8 Sewage lagoon	
3 Watertight sewer lines		6 Seepage pit		9 Feedyard	
Direction from well? <u>NA</u>				How many feet? <u>NA</u>	
FROM		TO		LITHOLOGIC LOG	
FROM		TO		PLUGGING INTERVALS	
0.0		10.0		Clay, slightly sandy,	
10.0		20.0		Clay, very sandy	
20.0		22.0		Clay w scattered lime-stone stringers	
22.0		42.0		Sand, fine grained, slightly silty.	
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>5-20-92</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>531</u> This Water Well Record was completed on (mo/day/yr) <u>7-20-92</u> under the business name of <u>Geotechnical Services, Inc.</u> by (signature) <u>Allison Irwin</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 top three copies to Kansas Department of Health and Environment, Bureau of Water, Topeka, Kansas 66620-0001. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.					