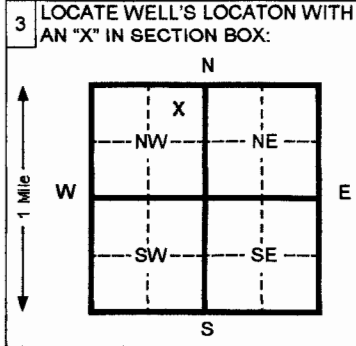


1 LOCATION OF WATER WELL: Fraction **NE 1/4 SE 1/4 NW 1/4** Section Number **5** Township Number **T 30S S** Range Number **R 2E E/W**
 County: **SUMNER**

Distance and direction from nearest town or city street address of well if located within city?
931 CEDARBROOK; MULVANE

2 WATER WELL OWNER: **JEFF HAYES**
 RR#, St. Address, Box #: **931 CEDARBROOK** Board of Agriculture, Division of Water Resources
 City, State, ZIP Code: **MULVANE, KS** Application Number:



4 DEPTH OF COMPLETED WELL **75** ft. ELEVATION:
 Depth(s) Groundwater Encountered 1 **22** ft. 2 _____ ft. 3 _____ ft.
 WELL'S STATIC WATER LEVEL **22** ft. below land surface measured on **8/2/04**
 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 **10** in. to **75** ft. and _____ in. to _____ ft.
 WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well
 1 Domestic 3 Feed lot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)
 2 Irrigation 4 Industrial 7 Lawn and garden (domestic) 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:
 1 Steel 3 RMP (SR) 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued **X** Clamped
 2 **PVC** 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded _____
 7 Fiberglass _____ Threaded _____
 Blank casing diameter **5** in. to **75** ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
 Casing height above land surface **16** in., weight **160** lbs./ft. Wall thickness or gauge No. **26**
 TYPE OF SCREEN OR PERFORATION MATERIAL:
 1 Steel 3 Stainless steel 5 Fiberglass 7 **PVC** 10 Asbestos-cement
 2 Brass 4 Galvanized steel 6 Concrete tile 8 RMP (SR) 11 Other (specify) _____
 9 ABS 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
 7 Torch cut 10 Other (specify) _____
 SCREEN-PERFORATED INTERVALS: From **55** ft. to **75** ft. From _____ ft. to _____ ft.
 GRAVEL PACK INTERVALS: From **24** ft. to **75** ft. From _____ ft. to _____ ft.

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other
 Grout Intervals From **4** ft. to **24** 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 _____

Direction from well? **NORTHEAST** How many feet? **35**

FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	2		TOPSOIL			
2	19		CLAY			
19	27		SANDY CLAY			
27	41		FINE/MED SAND			
41	72		BLUE SHALE			
72	75		LIMESTONE			
						RECEIVED
						SEP 07 2004
						BUREAU OF WATER

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/yr) **8/2/04** and this record is true to the best of my knowledge and belief. Kansas
 Water Well Contractor's License No. **611** This Water Well Record was completed on (mo/day/yr) **8/24/04**
 under the business name of **CHASE DRILLING** by (signature) *R. Chad*

INSTRUCTIONS: Please fill in blanks and circle the correct answers. Send three copies to Kansas Department of Health and Environment, Bureau of Water, 1000 S W Jackson St., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.