	LL RECORD					irces: App. No.		
County	OF WATER WELL: I Sumner	SE 4 NE 4	NE %	6		т 30	S	Range Number
Distance and direction from nearest town or city street address of well if Global Positioning System (decimal degrees, min. of 4 digit located within city? 204 E. Main, Mulvane, KS Latitude: N 37.47493°								es, min. of 4 digits)
			I	_ongitude	: <u>W 97.</u>	24285°	-	
2 WATER WELL OWNER: Charles L. Storey (Storey Oil Company) Elevation: Rim: 1236.70 TOC: 1236.34							.34	
RR#, St. Address, Box # : 3022 Sunnyside Dr. City, State, ZIP Code : Manhattan, KS 66502-1922					above	mean sea level	****	
2 LOCATE WI	TILS A DEPTH OF	COMPLETED WELL	12	Jata Cone	ection ivid	etnod: legal su	rvey	
3 LOCATE WELL'S 4 DEPTH OF COMPLETED WELL 13 ft. LOCATON MW1R								
WITH AN "X	" IN Depth(s) Groups	Iwater Encountered 1		INI AN I K	ft 2	£	÷ 2	۵
SECTION BO	WELL'S STATE	lwater Encountered 1	6 20 A	holow lor	_ 1t.	1	J	Π.
	WELL SSIAI	test data: Well water	0.20 11.	Delow lai	of surfac	te measured on	mo/aa	y/yr 11/19/08
X N	Pump	test data: Well water v	was	II	aner	nours p	umpin	g gpm
	Est. Yield	gpm: well water v	was	п.	anter	nours p	umpin	g gpm
- NW - N		TO BE USED AS: 5						
W								
2 Irrigation 4 Industrial 7 Domestic (lawn & garden) (10) Monitoring well								
SW—— SE—————————————————————————————————								
Was a chemical/bacteriological sample submitted to Department? Yes No X; If yes, mo/day/yrs								
S Sample was submitted Water Well Disinfected? Yes No X								
5 TYPE OF CASING USED: 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued Clamped 1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded Only 1 Annual Control of the Casing Joints: Glued Clamped Welded								
1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded								
2 PVC 4 ABS 7 Fiberglass Threaded X Blank casing diameter 2 in. to 3 ft., Dia in. to ft., Dia in. to ft. Casing height below land surface 0.36 ft., Weight lbs./ft. Wall thickness or gauge No.								
Blank casing diameter 2 in. to 3 ft., Dia in. to ft., Dia in. to ft.								
Casing height below land surface 0.36 ft., Weight lbs./ft. Wall thickness or gauge No.								
TYPE OF SCREE	N OR PERFORATION	MATERIAL:						
1 Steel 3 Stainless steel 5 Fiberglass (7) PVC 9 ABS 11 Other (specify)								
TYPE OF SCREEN OR PERFORATION MATERIAL: 1 Steel 3 Stainless steel 5 Fiberglass 7 PVC 9 ABS 11 Other (specify) 2 Brass 4 Galvanized steel 6 Concrete tile 8 RM (SR) 10 Asbestos-Cement 12 None used (open hole) SCREEN OR PERFORATION OPENINGS ARE:								
JOUREAN OR FEI	COKATON OFFINING	O ARE:						
1 Continuous slot 3 Mill slot 5 Gauze wrapped 7 Torch cut 9 Drilled holes 11 None (open hole) 2 Louvered shutter 4 Key punched 6 Wire wrapped 8 Saw Cut 10 Other (specify)								
SCREEN-PERFORATED INTERVALS: From 3 ft. to 13 ft. From ft. to ft.								
		From	ft. to		ft. Froi	m	ft. to	ft.
GRAVEL PACK INTERVALS: From properties of the control of								ft.
		From	ft. to		ft. From	m	ft. to	ft.
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other Concrete: 0-1ft.								
Grout Intervals From 1 ft. to 2 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 13 Insecticide Storage 16 Other (specify								
2 Sewer lines		8 Sewage lagoon (1) Fuel stor	rage		idoned water w		below)
3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer storage 15 Oil well/ gas well								
Direction from well? N-NE How many feet? ~60								
FROM TO	LITHOLO	OGIC LOG	FROM	ТО		PLUGGING	INTE	SVAIS
0 1		with fine sand, dark	TROM	10		TLOGGING	IIVIEI	CVALS
	brown, moist, no od							
4 6	Silty clay, brown, m					* *************************************		
	moist, no odor							
10 13	Silty clay, black, we	t, strong petroleum						
	odor							
					Elmak -	ound soud-out	om: De	NW.
					riusnme	ount waiver fr	om RC) YY
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) 11/19/08 and this record is true to the best of my knowledge and belief.								
	Contractor's License No.			ord was	mpleted	on (mo/day/year)	2/	5/09
under the business r	ame of Larsen & Assoc		by (signatu		/			
INSTRUCTIONS: Please fill in blanks or circle the correct answers. Send top three copies to Kansas Department of Health and Environment, Bureau of Water,								
Geology Section. 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-5582. Send one to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well. Visit us at http://www.kdheks.gov/waterwell.								
L - 31	to: There -only to well a viole.							