			LL RECORD	Form WWC-			
LOCATION OF W	t t	Fraction CTI 1/2	NTI 4	1	ction Number	Township Number	Range Number
County: Sumner Distance and directi	on from nearest town or	SW 1/4	NW 1/4 s of well if locate	NW 1/4 d within city?	5	T 1150 S	R 2 E EA
111 Pione		ony street address	or well il locate	a within only:		Mulvane, Ks.	
	WNER: Randall	Fishel				ridivane, Ks.	
RR#, St. Address, I						Board of Agricultu	re, Division of Water Resource
City, State, ZIP Code : Mulvane, Kansas					Application Number:		
LOCATE WELL'S	LOCATION WITH 4		ETED WELL	65	ft. ELEVA	TION:	
TYPE OF BLANK 1 Steel 2 PVC Blank casing diamet Casing height above TYPE OF SCREEN 1 Steel 2 Brass SCREEN OR PERF	Dep WE NE NE Est. Borr WE S	oth(s) Groundwater LL'S STATIC WAT Pump test Yield	Encountered 1 ER LEVEL data: Well wate gpm: Well wate 11 in. to USED AS: 3 Feedlot 4 Industrial iological sample strought iron sbestos-Cement berglass . ft., Dia	35	tt. a pelow land sur ft. a ft.	face measured on mo/day fter hours fter hours fter hours and 8 Air conditioning 9 Dewatering 10 Observation well es NoX; If ter Well Disinfected? Yes CASING JOINTS: G W ene. SDR-26 ft., Dia ft. Wall thickness or gaug 10 Asbestos-c 11 Other (spec	ft. 3
1 Continuous				wrapped wrapped		9 Drilled holes	11 None (open note)
2 Louvered sh			7 Torch	• •			
					ft From	, , , , , , , , , , , , , , , , , , , ,	ft. to
GRAVEL F	PACK INTERVALS:	From	ft. to		ft., Fro	m	ft. toft
GROUT MATERI		From	ft. to	2 Pont	ft., From		ft. to ft
Grout Intervals: F	rom 4 ft to	14	ment grout	3 Bent	to 4	ft From	ft. to ft
	source of possible cont		it., Floiii				4 Abandoned water well
1 Septic tank	4 Lateral lin		7 Pit privy		11 Fuel		5 Oil well/Gas well
2 Sewer lines	5 Cess poo		8 Sewage lagoon			-	6 Other (specify below)
	ewer lines 6 Seepage		9 Feedyard	oon		zer storage	o Other (specify below)
Direction from well?	South	pit	9 Feedyard				•••••••••
FROM TO		ITHOLOGIC LOG		FROM	How mai		OGIC LOG
0 3	Topsoil			1	"	LITTIOL	
3 21	Clay						
21 51	Fine Sand						
51 65	Grey Shale	1100 41 01 11 11 11 11 11 11 11 11 11 11 11 11					
	Grey Share						
	- 4.702						
	17.35.14	- 5g.		-			
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CONTRACTOR'S	OR LANDOWNER'S	CERTIFICATION: T	his water well w	as (1) constru	cted, (2) reco	nstructed, or (3) plugged	under my jurisdiction and was
completed on (mo/da	ay/year) 8-9-83				and this reco	rd is true to the best of my	knowledge and/belief. Kansas
	or's License No236					SII (ING/GG)	34-23
under the business	name of <u>Harp Wel</u>	1 & Pump Ser	rvice, Inc.		by (signa	ture) OMarut	the correct answers. Send top
INSTRUCTIONS: Us	se typewriter or ball point	pen, <i>PLEASE PRI</i>	SS FIRMLY and	d <i>PRINT</i> clear	ly. Please fill in	n blanks, underline or circle	the correct answers. Send to
inee copies to kans	as Department of Health one for your records	and ⊑nvironment, L	vivision of Environ	iment, Enviror	imental Geolog	ју Бестіоп, торека, КS 666	620. Send one to WATER WEL
WNER and retain	one for your rocords.						