

1 LOCATION OF WATER WELL  
 County: SUMNER Fraction NE 1/4 NE 1/4 NE 1/4 Section Number 6 Township Number T 30 S Range Number R 2 E EW  
 Distance and direction from nearest town or city? \_\_\_\_\_ Street address of well if located within city?  
1421 Shelly Ct., Mulvane, Ks.

2 WATER WELL OWNER: Floyd Ashley  
 RR#, St. Address, Box # : 1421 Shelly Ct. Board of Agriculture, Division of Water Resources  
 City, State, ZIP Code : Mulvane, Ks. Application Number: \_\_\_\_\_

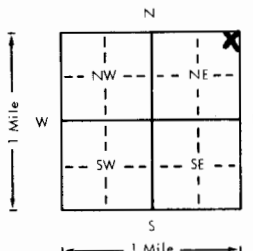
3 DEPTH OF COMPLETED WELL... 90 ft. Bore Hole Diameter... 11 in. to \_\_\_\_\_ ft., and \_\_\_\_\_ in. to \_\_\_\_\_ ft.  
 Well Water to be used as:  
 1 Domestic 3 Feedlot 6 Oil field water supply 8 Air conditioning 11 Injection well  
 2 Irrigation 4 Industrial 7 Lawn and garden only 9 Dewatering 12 Other (Specify below)  
 10 Observation well  
 Well's static water level... 38 ft. below land surface measured on... 7 month... 30 day... 80 year  
 Pump Test Data : Well water was... ft. after... hours pumping... gpm  
 Est. Yield gpm: Well water was... ft. after... hours pumping... gpm

4 TYPE OF BLANK CASING USED:  
 1 Steel 3 RMP (SR) 5 Wrought iron 8 Concrete tile Casing Joints: Glued  Clamped \_\_\_\_\_  
 2 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded \_\_\_\_\_  
 7 Fiberglass Threaded \_\_\_\_\_  
 Blank casing dia... 5 in. to 4.5 ft., Dia \_\_\_\_\_ in. to \_\_\_\_\_ ft., Dia \_\_\_\_\_ in. to \_\_\_\_\_ ft.  
 Casing height above land surface... 12 in., weight \_\_\_\_\_ lbs./ft. Wall thickness or gauge No. 200  
 TYPE OF SCREEN OR PERFORATION MATERIAL:  
 1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 10 Asbestos-cement 11 Other (specify) \_\_\_\_\_  
 2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 12 None used (open hole)  
 Screen or Perforation Openings Are:  
 1 Continuous slot 3 Mill slot 5 Gauzed wrapped 8 Saw cut .06 11 None (open hole)  
 2 Louvered shutter 4 Key punched 6 Wire wrapped 9 Drilled holes  
 7 Torch cut 10 Other (specify) \_\_\_\_\_  
 Screen-Perforation Dia... 5 in. to 90 ft., Dia \_\_\_\_\_ in. to \_\_\_\_\_ ft., Dia \_\_\_\_\_ in. to \_\_\_\_\_ ft.  
 Screen-Perforated Intervals: From... 45 ft. to 90 ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
 From \_\_\_\_\_ ft. to \_\_\_\_\_ ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
 Gravel Pack Intervals: From... 14 ft. to 90 ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
 From \_\_\_\_\_ ft. to \_\_\_\_\_ ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

5 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other \_\_\_\_\_  
 Grouted Intervals: From... 40" ft. to 14 ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
 What is the nearest source of possible contamination:  
 1 Septic tank 4 Cess pool 7 Sewage lagoon 11 Fertilizer storage 14 Abandoned water well  
 2 Sewer lines 5 Seepage pit 8 Feed yard 12 Insecticide storage 15 Oil well/Gas well  
 3 Lateral lines 6 Pit privy 9 Livestock pens 13 Watertight sewer lines 16 Other (specify below) \_\_\_\_\_  
 Direction from well... Northeast How many feet... 35 ? Water Well Disinfected? Yes  No \_\_\_\_\_  
 Was a chemical/bacteriological sample submitted to Department? Yes \_\_\_\_\_ No  If yes, date sample  
 was submitted... month... day... year: Pump Installed? Yes  No   
 If Yes: Pump Manufacturer's name Fairbanks Morse Model No. F10009 HP 1 Volts 230  
 Depth of Pump Intake... 75 ft. Pumps Capacity rated at... 20 gal./min.  
 Type of pump: 1 Submersible 2 Turbine 3 Jet 4 Centrifugal 5 Reciprocating 6 Other \_\_\_\_\_

6 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was  
 completed on... 7 month... 30 day... 80 year,  
 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 236  
 This Water Well Record was completed on... 10 month... 31 day... 1980 year under the business  
 name of Harp Well & Pump by (signature) M. Arnold

7 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:



FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0	3	Topsoil			
3	37	Clay			
37	50	Fine Sand			
50	90	Grey Shale			

ELEVATION: \_\_\_\_\_

Depth(s) Groundwater Encountered 1. 39 ft. 2. \_\_\_\_\_ ft. 3. \_\_\_\_\_ ft. 4. \_\_\_\_\_ ft. (Use a second sheet if needed)

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, Division of Environment, Water Well Contractors, Topeka, KS 66620. Send one to WATER WELL OWNER and retain one for your records.

OFFICE USE ONLY  
T 30  
R 2  
SEC 5  
NE 1/4  
NW 1/4  
SE 1/4  
SW 1/4