

1 LOCATION OF WATER WELL  
 County: SUMNER Fraction X NW 1/4 SW 1/4 NW 1/4 Section Number 14 Township Number T 30 S Range Number R 2 E/W/  
 Distance and direction from nearest town or city? 1/8 N. of K-15, 3 SE of Mulvane, Kansas Street address of well if located within city?

2 WATER WELL OWNER: Bernie Melcher  
 RR#, St. Address, Box # : R. #1 Board of Agriculture, Division of Water Resources  
 City, State, ZIP Code : Mulvane, Kansas Application Number:

3 DEPTH OF COMPLETED WELL . . . 70 . . . 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 9 Dewatering 11 Injection well  
 2 Irrigation 4 Industrial 7 Lawn and garden only 10 Observation well 12 Other (Specify below)  
 Well's static water level . . . 15 . . . ft. below land surface measured on . . . 5 . . . month . . . 16 . . . day . . . 1979 . . . 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 (SB) 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 dia . . . 5 . . . in. to 15 . . . 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 70 . . . ft., Dia . . . in. to . . . ft., Dia . . . in. to . . . ft.  
 Screen-Perforated Intervals: From . . . 15 . . . ft. to . . . 70 . . . ft., From . . . ft. to . . . ft., From . . . ft. to . . . ft.  
 Gravel Pack Intervals: From . . . 14 . . . ft. to . . . 70 . . . 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" . . . 14 . . . ft. From . . . ft. to . . . ft. From . . . ft. to . . . ft.  
 What is the nearest source of possible contamination? Septic System not installed 10 Fuel storage 14 Abandoned water well  
 1 Septic tank 4 Cess pool at this time 7 Sewage lagoon 11 Fertilizer storage 15 Oil well/Gas well  
 2 Sewer lines 5 Seepage pit 8 Feed yard 12 Insecticide storage 16 Other (specify below)  
 3 Lateral lines 6 Pit privy 9 Livestock pens 13 Watertight sewer lines No apparent source.  
 Direction from well . . . How many feet . . . ? Water Well Disinfected? Yes X No  
 Was a chemical/bacteriological sample submitted to Department? Yes . . . No X . . . If yes, date sample was submitted . . . month . . . day . . . year: Pump Installed? Yes . . . No X  
 If Yes: Pump Manufacturer's name . . . Model No. . . . HP . . . Volts  
 Depth of Pump Intake . . . ft. Pumps Capacity rated at . . . 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 . . . 6 . . . month . . . 20 . . . day . . . 1979 . . . 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 . . . month 7 . . . day 25 . . . year 1979  
 name of Harp Well & Pump Service, Inc. by (signature) M. Arnold

LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:	FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
	0	3	Topsoil			
	3	14	Clay			
	14	53	Brown Clay & Shale			
	53	60	Grey Shale			
	60	70	Limestone			

ELEVATION: Flat Ground

Depth(s) Groundwater Encountered 1 . . . 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  
30  
R  
SEC  
1/4 NW 1/4 SW 1/4 NE 1/4