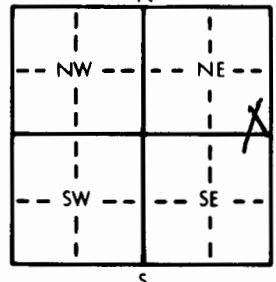


1 LOCATION OF WATER WELL: County: **SUMNER** Fraction **SE 1/4** SE 1/4 NE 1/4 Section Number **20** Township Number **30** Range Number **2** **EW**

Distance and direction from nearest town or city street address of well if located within city?
1 1/2 South of K-15 Highway and Lucky Seven Stables Mulyane, Ks.

2 WATER WELL OWNER: **Randy Wills**
 RR#, St. Address, Box # : **R#1 Box 569** Board of Agriculture, Division of Water Resources
 City, State, ZIP Code : **Mulyane, Kansas** Application Number:

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:  DEPTH OF COMPLETED WELL: **65** ft. ELEVATION: _____
 Depth(s) Groundwater Encountered **5.0** ft. 2. _____ ft. 3. _____ ft.
 WELL'S STATIC WATER LEVEL **50** ft. below land surface measured on mo/day/yr **9-13-84**
 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: **1.1** in. to _____ ft., and _____ in. to _____ ft.
 WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well
1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)
 2 Irrigation 4 Industrial 7 Lawn and garden only 10 Observation well
 Was a chemical/bacteriological sample submitted to Department? Yes _____ No **XX**; If yes, mo/day/yr sample was submitted
 Water Well Disinfected? Yes **XX** No

5 TYPE OF BLANK CASING USED: 1 Steel 2 PVC 3 **RMP (SR)** 4 ABS 5 Wrought iron 6 Asbestos-Cement 7 Fiberglass 8 Concrete tile 9 Other (specify below) **Cer-Mac styrene SDR-26** CASING JOINTS Glued Clamped _____
 Blank casing diameter **5** in. to **45** ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
 Casing height above land surface **12** in., weight **1.59** lbs./ft. Wall thickness or gauge No. **.203**
 TYPE OF SCREEN OR PERFORATION MATERIAL: 1 Steel 2 Brass 3 Stainless steel 4 Galvanized steel 5 Fiberglass 6 Concrete tile 7 PVC 8 **RMP (SR)** 9 **ABS** 10 Asbestos-cement 11 Other (specify) _____ 12 None used (open hole)
 SCREEN OR PERFORATION OPENINGS ARE: 1 Continuous slot 2 Louvered shutter 3 Mill slot 4 Key punched 5 Gauzed wrapped 6 Wire wrapped 7 Torch cut 8 Saw cut 9 **Drilled holes** 11 None (open hole)
 SCREEN-PERFORATED INTERVALS: From **45** ft. to **65** ft., From _____ ft. to _____ ft.
 GRAVEL PACK INTERVALS: From **14** ft. to **65** ft., From _____ ft. to _____ ft.

6 GROUT MATERIAL: 1 Neat cement 2 **Cement grout** 3 Bentonite 4 Other _____
 Grout Intervals: From **4** ft. to **14** ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.
 What is the nearest source of possible contamination: 1 Septic tank 2 Sewer lines 3 Watertight sewer lines 4 Lateral lines 5 Cess pool 6 Seepage pit 7 Pit privy 8 Sewage lagoon 9 Feedyard 10 Livestock pens 11 Fuel storage 12 Fertilizer storage 13 Insecticide storage 14 Abandoned water well 15 Oil well/Gas well 16 Other (specify below) **None apparent**

Direction from well? How many feet?

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0	3	Topsoil			
3	37	Clay			
37	55	Cemented Sand			
55	65	Shale			

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) **9-13-84** and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. _____ This Water Well Record was completed on (mo/day/yr) **3-30-85** under the business name of **Harp Well & Pump Service, Inc.** by (signature) *Mary Arnold*

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, Environmental Geology Section, Topeka, KS 66620. Send one to WATER WELL OWNER and retain one for your records.