

1 LOCATION OF WATER WELL  
 County: **SUMNER** Fraction: **NW 1/4 NW 1/4 NW 1/4** Section Number: **23** Township Number: **T 30 S** Range Number: **R 2 EW**

Distance and direction from nearest town or city? **5E, AND 3N of Bellevue, Kansas** Street address of well if located within city?

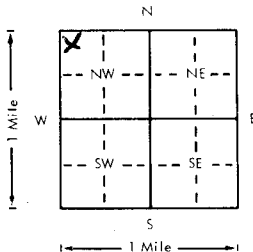
2 WATER WELL OWNER: **AIAN FOSTER**  
 RR#, St. Address, Box #: **R#1** Board of Agriculture, Division of Water Resources  
 City, State, ZIP Code: **MULVANE, KANSAS** Application Number:

3 DEPTH OF COMPLETED WELL: **52** 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: **33** ft. below land surface measured on **3** month **10** day **1980** 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)** 6 Asbestos-Cement 9 Other (specify below) Welded . . . . .  
 2 PVC 4 ABS 7 Fiberglass . . . . . Threaded . . . . .  
 Blank casing dia: **5** in. to **27** 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 7 PVC 10 Asbestos-cement  
 2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 11 Other (specify) . . . . .  
 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 **52** ft. Dia in. to . . . . . ft. Dia in. to . . . . . ft.  
 Screen-Perforated Intervals: From **27** ft. to **52** ft., From . . . . . ft. to . . . . . ft.  
 From . . . . . ft. to . . . . . ft., From . . . . . ft. to . . . . . ft.  
 Gravel Pack Intervals: From **14** ft. to **52** 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"** 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)  
**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 **3** month **10** day **1980** 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 **4** month **21** day **1980** year under the business  
 name of **HARP WELL & PUMP SERVICE INC.** (signature) **Mr. Arnold**

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

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0	3	TOPSOIL			
3	21	CLAY			
21	26	FINE SAND			
26	52	BROWN SHALE			

  
 ELEVATION:  
 Depth(s) Groundwater Encountered 1. **47** 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  
EW  
SEC  
33  
NW 1/4  
NW 1/4