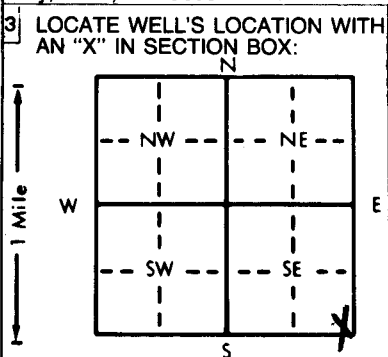


1 LOCATION OF WATER WELL: County: **Sumner** Fraction: **SE 1/4 SE 1/4 SE 1/4** Section Number: **24** Township Number: **T 30 S** Range Number: **R 2 E 2W**

Distance and direction from nearest town or city street address of well if located within city?  
**4 mile SE of Mulvane, KS., 1/4 South**

2 WATER WELL OWNER: **Helen Travis**  
 RR#, St. Address, Box #: **608 South 4th**  
 City, State, ZIP Code: **Mulvane, KS. 67110**  
 Board of Agriculture, Division of Water Resources  
 Application Number:



4 DEPTH OF COMPLETED WELL: **89** ft. ELEVATION: .....  
 Depth(s) Groundwater Encountered 1. .... ft. 2. .... ft. 3. .... ft.  
 WELL'S STATIC WATER LEVEL ..... **8** ft. below land surface measured on mo/day/yr **6-8-88**  
 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: **11** 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 Monitoring well  
 Was a chemical/bacteriological sample submitted to Department? Yes..... No..... **XX**; If yes, mo/day/yr sample was sub-  
 mitted Water Well Disinfected? Yes **XX** No

5 TYPE OF BLANK CASING USED: 1 Steel 2 PVC 3 RMP (SB) 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 **XX** Clamped ..... Welded ..... Threaded.....  
 Blank casing diameter ..... **5** in. to ..... Dia **25** 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 (SB) 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 10 Other (specify) ..... 11 None (open hole)  
 SCREEN-PERFORATED INTERVALS: From ..... ft. to ..... ft., From ..... ft. to ..... ft.  
 GRAVEL PACK INTERVALS: From ..... **24** ft. to ..... **89** ft., From ..... ft. to ..... ft.

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other .....  
 Grout Intervals: From ..... **4** ft. to ..... **24** 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	PLUGGING INTERVALS
0	3	Topsoil			
3	8	Clay			
8	42	Brown Shale			
42	89	Gray 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) ..... **6-8-88** ..... 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 (mo/day/yr) .... **1-30-89** .... 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, Bureau of Water Protection, Topeka, Kansas 66620-7320. Telephone: 913-296-5514. Send one to WATER WELL OWNER and retain one for your records.