

1 LOCATION OF WATER WELL: County: Kiowa	Fraction C 1/4 NW 1/4 SE 1/4	Section Number 22	Township Number T 27 S	Range Number R 19W EW
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Distance and direction from nearest town or city street address of well if located within city?
6 N, 5 E of Mullinville, Kansas

2 WATER WELL OWNER: Henry Breusing RR#, St. Address, Box # : Mullinville, Ks. City, State, ZIP Code : 67109	Abercrombie Drilling 801 Union Center Wichita, Kansas 67202	Breusing A-4 Board of Agriculture, Division of Water Resources Application Number: 900580
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3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4 DEPTH OF COMPLETED WELL: 170 ft. ELEVATION: Unknown
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Depth(s) Groundwater Encountered **1.75** ft. 2. ft. 3. ft.

WELL'S STATIC WATER LEVEL **75** ft. below land surface measured on **11/30/90**

Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm

Est. Yield **60** gpm: Well water was _____ ft. after _____ hours pumping _____ gpm

Bore Hole Diameter **8** in. to **170** ft., and _____ in. to _____ ft.

WELL WATER TO BE USED AS: **6 Oil field water supply**

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 _____ If yes, mo/day/yr sample was submitted _____

Water Well Disinfected? Yes _____ No _____

5 TYPE OF BLANK CASING USED:	5 Wrought iron	8 Concrete tile	CASING JOINTS: <u>Glued</u> Clamped _____
1 Steel 3 RMP (SR)	6 Asbestos-Cement	9 Other (specify below)	Welded _____
2 PVC 4 ABS	7 Fiberglass		Threaded _____

Blank casing diameter **5** in. to **150** ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.

Casing height above land surface **12** in., weight **2.8** lbs./ft. Wall thickness or gauge No. **Sch. 40**

TYPE OF SCREEN OR PERFORATION MATERIAL:		7 <u>PVC</u>	10 Asbestos-cement
1 Steel 3 Stainless steel	5 Fiberglass	8 RMP (SR)	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 <u>Saw cut</u>	11 None (open hole)
2 Louvered shutter 4 Key punched	6 Wire wrapped	9 Drilled holes	
	7 Torch cut	10 Other (specify) _____	

SCREEN-PERFORATED INTERVALS: From **150** ft. to **170** ft., From _____ ft. to _____ ft.

GRAVEL PACK INTERVALS: From **20** ft. to **170** ft., From _____ ft. to _____ ft.

6 GROUT MATERIAL:	1 <u>Neat cement</u>	2 Cement grout	3 Bentonite	4 Other _____
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Grout intervals: From **0** ft. to **20** ft., From _____ ft. to _____ ft.

What is the nearest source of possible contamination:

1 Septic tank 4 Lateral lines	7 Pit privy	10 Livestock pens	14 Abandoned water well
2 Sewer lines 5 Cess pool	8 Sewage lagoon	11 Fuel storage	15 <u>Oil well/Gas well</u>
3 Watertight sewer lines 6 Seepage pit	9 Feedyard	12 Fertilizer storage	16 Other (specify below)
		13 Insecticide storage	

Direction from well? **South** How many feet? **60**

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	7	Sand			
7	27	Clay			
27	95	Sand and gravel			
95	140	Clay			
140	170	Sand and gravel			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) <u>constructed</u> , (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) 11/30/90 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 186 This Water Well Record was completed on (mo/day/yr) 2/14/91 under the business name of Kelly's Water Well Service by (signature) <i>Henry Breusing</i>

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, Topeka, Kansas 66620-7320. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.

OFFICE USE ONLY

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