

**1 LOCATION OF WATER WELL**  
 County: Kiowa Fraction  $\frac{1}{4}$  cne  $\frac{1}{4}$  se  $\frac{1}{4}$  Section Number 20 Township Number T 30 S Range Number R 19w EW  
 Distance and direction from nearest town or city? 3e 1 1/2 miles Mullinville, Ks. Street address of well if located within city?

**2 WATER WELL OWNER:** DNB Drugg Inc. Board of Agriculture, Division of Water Resources  
 RR#, St. Address, Box #: 515 R H Garvey Bldg Application Number: unknown  
 City, State, ZIP Code: Wichita, Ks. 67202

**3 DEPTH OF COMPLETED WELL:** 220 Bore Hole Diameter: 8 in. to 220 ft., and . . . . . in. to . . . . . ft.  
 Well Water to be used as:  
 1 Domestic 3 Feedlot 5 Public water supply 8 Air conditioning 11 Injection well  
 2 Irrigation 4 Industrial 6 Oil field water supply 9 Dewatering 12 Other (Specify below)  
 7 Lawn and garden only 10 Observation well  
 Well's static water level 110 ft. below land surface measured on 4 month 7 day 79 year  
 Pump Test Data: Well water was . . . . . ft. after . . . . . hours pumping. . . . . gpm  
 Est. Yield 60 gpm: Well water was . . . . . ft. after . . . . . hours pumping . . . . . gpm

**4 TYPE OF BLANK CASING USED:**  
 1 Steel 3 RMP (SR) 5 Wrought iron 8 Concrete tile Casing Joints: Glued . . . . . Clamped . . . . .  
 2 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded . . . . .  
 7 Fiberglass . . . . . Threaded . . . . .  
 Blank casing dia 5 in. to #180 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:  
 1 Steel 3 Stainless steel 5 Fiberglass 7 PVC 10 Asbestos-cement  
 2 Brass 4 Galvanized steel 6 Concrete tile 8 RMP (SR) 11 Other (specify) . . . . .  
 9 ABS 12 None used (open hole)  
 Screen or Perforation Openings Are:  
 1 Continuous slot 3 Mill slot 5 Gauzed wrapped 8 Saw cut 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 . . . . . ft., Dia . . . . . in. to . . . . . ft., Dia . . . . . in. to . . . . . ft.  
 Screen-Perforated Intervals: From #180 ft. to XX220 ft., From . . . . . ft. to . . . . . ft.  
 From . . . . . ft. to . . . . . ft., From . . . . . ft. to . . . . . ft.  
 Gravel Pack Intervals: From 10 ft. to 220 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 0 ft. to 10 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 10 Fuel storage 14 Abandoned water well  
 2 Sewer lines 5 Seepage pit 8 Feed yard 11 Fertilizer storage 15 Oil well/Gas well  
 3 Lateral lines 6 Pit privy 9 Livestock pens 12 Insecticide storage 16 Other (specify below)  
 13 Watertight sewer lines  
 Direction from well SW How many feet 75 ? Water Well Disinfected? Yes No  
 Was a chemical/bacteriological sample submitted to Department? Yes No If yes, date sample was submitted . . . . . month . . . . . day . . . . . year Pump Installed? Yes No  
 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 4 month 7 day 79 year  
 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 3 month 6 day 80 year under the business name of Kellys Waterwell Serv. by (signature) Kelly Price

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

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0	130	Top Soil-Clay			
130	220	Sand			

ELEVATION: unknown  
 Depth(s) Groundwater Encountered 1. 130 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  
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