

| | | | | | | | | |
|---------------------------|--------|----------------------|----------------|--|-----------------|--|---------------------|--|
| 1 LOCATION OF WATER WELL: | | Fraction | Section Number | | Township Number | | Range Number | |
| County: | Sumner | SW 1/4 NW 1/4 SW 1/4 | 16 | | T 32 S | | R 2 Y EW | |

Distance and direction from nearest town or city street address of well if located within city?

XX Located in the City of Mayfield, KS (street address not available)

| | | |
|---------------------------|--------------------|---|
| 2] WATER WELL OWNER: | George Jeffries | |
| RR#, St. Address, Box # : | Route 1 | Board of Agriculture, Division of Water Resources |
| City, State, ZIP Code : | Mayfield, KS 67103 | Application Number: not required |

| | | | | | | |
|--|---|---------------------------------------|----|-----|------------|---------|
| LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: | 4 | DEPTH OF COMPLETED WELL..... | 53 | ft. | ELEVATION: | unknown |
| | | Depth(s) Groundwater Encountered..... | 1 | 22 | 5 | |

WELL'S STATIC WATER LEVEL 22.5 ft. below land surface measured on mo/day/yr 1/29/86

Pump test data: Well water was not ck'd ft. after hours pumping gpm

Est. Yield unknown gpm: Well water was ft. after hours pumping gpm

Bore Hole Diameter 9 in. to 50.5 ft., and in. to ft.

WELL WATER TO BE USED AS:

| | | |
|-----------------------|--------------------|--------------------------|
| 5 Public water supply | 8 Air conditioning | 11 Injection well |
| <u>1 Domestic</u> | 3 Feedlot | 6 Oil field water supply |
| 2 Irrigation | 4 Industrial | 7 Lawn and garden only |
| | | 10 Observation well |

Was a chemical/bacteriological sample submitted to Department? Yes..... No.....^x; If yes, mo/day/yr sample was submitted

Water Well Disinfected? Yes^x No

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

Blank casing diameter 5 in. to 21.5 ft., Dia in. to ft., Dia in. to ft.
Casing height above land surface 24 in., weight 2.277 lbs./ft. Wall thickness or gauge No. 214

| | | | | |
|---|--------------------|-----------------|--------------|------------------------------|
| TYPE OF SCREEN OR PERFORATION MATERIAL: | | | <u>7 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 | A) <u>3 Mill slot</u> | 5 Gauzed wrapped | 8 Saw cut | 11 None (open hole) |
| 2 Louvered shutter | 4 Key punched | 6 Wire wrapped | B) <u>9 Drilled holes</u> | |
| | | 7 Torch cut | 10 Other (specify) | |

| | | | | | | | | | | |
|------------------------------|------|---------|--------|------|-----|------|--|--------|--|-----|
| SCREEN-PERFORATED INTERVALS: | From | A) 21.5 | ft. to | 30.5 | ft. | From | | ft. to | | ft. |
| | From | B) 30.5 | ft. to | 50.5 | ft. | From | | ft. to | | ft. |
| GRAVEL PACK INTERVALS: | From | 10 | ft. to | 50.5 | ft. | From | | ft. to | | ft. |
| | From | | ft. to | | ft. | From | | ft. to | | ft. |

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other
Grout 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 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 Oil well/Gas well |
| 3 Watertight sewer lines | 6 Seepage pit | 9 Feedyard | 12 Fertilizer storage | 16 <u>Other</u> (specify below) |
| | | | 13 Insecticide storage | Lawn (no known source) |

Direction from well? _____ How many feet? _____

[illegible]

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) 1/29/86 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 185 This Water Well Record was completed on (mo/day/yr) 2/13/86 under the business name of Clarke Well & Equipment, Inc. by (signature) [Signature]

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.