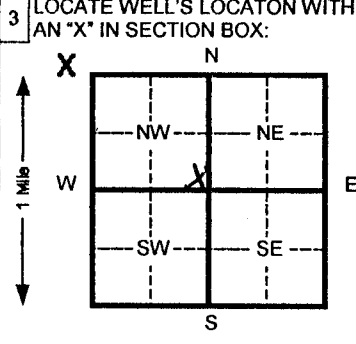


1 LOCATION OF WATER WELL: Fraction **SE ¼ SE ¼ NW ¼** Section Number **12** Township Number **T 1 S** Range Number **R 2 EW**
 County: **Washington**

Distance and direction from nearest town or city street address of well if located within city?
10.5 North, .5 East, .5 South of Morrowville Ks

2 WATER WELL OWNER: **Fragar Farms**
 RR#, St. Address, Box # : **2779 King Road** Board of Agriculture, Division of Water Resources
 City, State, ZIP Code : **Morrowville, KS 66958** Application Number: **43923**



4 DEPTH OF COMPLETED WELL **400** ft. ELEVATION: _____
 Depth(s) Groundwater Encountered 1 **190** ft. 2 _____ ft. 3 _____ ft.
 WELL'S STATIC WATER LEVEL **190** ft. below land surface measured on mo/day/yr **4/18/02**
 Pump test data: Well water was **335** ft. after **12** hours pumping **1200** gpm
 Est. Yield **1500** gpm: Well water was _____ ft. after _____ hours pumping _____ gpm
 Bore Hole Diameter **26** 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 Feed lot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)
 2 Irrigation 4 Industrial 7 Lawn and garden (domestic) 10 Monitoring 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:
 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 **Certa Loc** Threaded _____
 Blank casing diameter **16** in. to **300** ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
 Casing height above land surface **12** in., weight _____ lbs./ft. Wall thickness or gauge No. **SDR 21**
 TYPE OF SCREEN OR PERFORATION MATERIAL:
 1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 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 5 Gauzed wrapped 8 Saw cut 11 None (open hole)
 2 Louvered shutter 3 Mill slot 6 Wire wrapped 9 Drilled holes
 4 Key punched 7 Torch cut 10 Other (specify) _____
 SCREEN-PERFORATED INTERVALS: From **300** ft. to **400** ft. From _____ ft. to _____ ft.
 From _____ ft. to _____ ft. From _____ ft. to _____ ft.
 GRAVEL PACK INTERVALS: From **20** ft. to **280** ft. From **300** ft. to **400** 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 **20** ft. From **280** ft. to **300** 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 Other (specify below)
 13 Insecticide storage **None Observed**

Direction from well? _____ How many feet? _____

FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	4		Topsoil			
4	21		Green & brown clay, limestone			
21	37		White, red, yellow clay; sandsto			
37	49		Grey clay			
49	59		Shale; grey, hard			
59	66		Sandstone & clay strks			
66	68		Clay; grey, hard			
68	72		Sandstone; hard			
72	82		Black shale			
82	112		Grey clay; hard			
112	121		Sandstone, very hard			
121	133		Red & White clay, hard			
133	393		Sandstone; very hard & fine			
393	400		Grey clay			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was **(1)** constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was Constructed
 completed on (mo/day/yr) **4/12/02** and this record is true to the best of my knowledge and belief. Kansas
 Water Well Contractor's License No. **473** This Water Well Record was completed on (mo/day/yr) **4/22/02**
 under the business name of **Tyler Water Well Service, Inc.** by (signature) _____

INSTRUCTIONS: Please fill in blanks and circle the correct answers. Send three copies to Kansas Department of Health and Environment, Bureau of Water, Topeka, Kansas 66620-0001. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.

OFFICE USE ONLY

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