

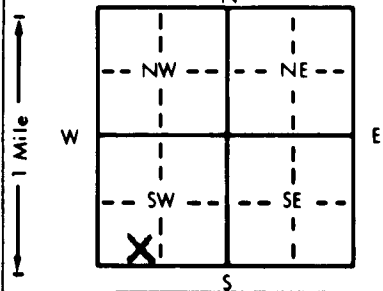
1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: <u>Phillips</u>	<u>SE 1/4 SW 1/4 SW 1/4</u>	<u>26</u>	<u>T 3 S</u>	<u>R 16</u>

Distance and direction from nearest town or city street address of well if located within city?
1 1/2 miles East of Agra, KS

2 WATER WELL OWNER: City of Agra
 RR#, St. Address, Box #: City Hall
 City, State, ZIP Code: Agra, KS 67621

Board of Agriculture, Division of Water Resources
 Application Number: Permit #38,371

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



4 DEPTH OF COMPLETED WELL: 108 ft. ELEVATION: _____ ft.
 Depth(s) Groundwater Encountered 1. 43' 5" ft. 2. _____ ft. 3. _____ ft.
 WELL'S STATIC WATER LEVEL 43' 5" ft. below top of casing measured on mo/day/yr 11-16-88

Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm
 Est. Yield 70 gpm: Well water was 76' 3" ft. after 24 hours pumping 58 gpm
 Bore Hole Diameter: 20 in. to 108 in. to _____ in. to _____ in.

WELL WATER TO BE USED AS:

<input type="checkbox"/> 1 Domestic	<input type="checkbox"/> 3 Feedlot	<input checked="" type="checkbox"/> 5 Public water supply	<input type="checkbox"/> 8 Air conditioning	<input type="checkbox"/> 11 Injection well
<input type="checkbox"/> 2 Irrigation	<input type="checkbox"/> 4 Industrial	<input type="checkbox"/> 6 Oil field water supply	<input type="checkbox"/> 9 Dewatering	<input type="checkbox"/> 12 Other (Specify below)
<input type="checkbox"/> 7 Lawn and garden only				

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:

<input type="checkbox"/> 1 Steel	<input type="checkbox"/> 3 RMP (SR)	<input type="checkbox"/> 5 Wrought iron	<input type="checkbox"/> 8 Concrete tile	CASING JOINTS: <u>Glued</u> _____ Clamped _____
<input checked="" type="checkbox"/> 2 PVC	<input type="checkbox"/> 4 ABS	<input type="checkbox"/> 6 Asbestos-Cement	<input type="checkbox"/> 9 Other (specify below)	Welded _____
<input type="checkbox"/> 7 Fiberglass				Threaded _____

Blank casing diameter 10 in. to _____ ft., Dia 3 ft. in. to 78 ft., Dia _____ in. to _____ ft.
 Casing height above land surface 12 in., weight 8.88 lbs./ft. Wall thickness or gauge No. 413

TYPE OF SCREEN OR PERFORATION MATERIAL:

<input type="checkbox"/> 1 Steel	<input checked="" type="checkbox"/> 3 Stainless steel	<input type="checkbox"/> 5 Fiberglass	<input type="checkbox"/> 8 RMP (SR)	<input type="checkbox"/> 10 Asbestos-cement
<input type="checkbox"/> 2 Brass	<input type="checkbox"/> 4 Galvanized steel	<input type="checkbox"/> 6 Concrete tile	<input type="checkbox"/> 9 ABS	<input type="checkbox"/> 11 Other (specify) _____
<input type="checkbox"/> 12 None used (open hole)				

SCREEN OR PERFORATION OPENINGS ARE:

<input type="checkbox"/> 1 Continuous slot	<input type="checkbox"/> 3 Mill slot	<input type="checkbox"/> 5 Gauzed wrapped	<input type="checkbox"/> 8 Saw cut	<input type="checkbox"/> 11 None (open hole)
<input type="checkbox"/> 2 Louvered shutter	<input type="checkbox"/> 4 Key punched	<input type="checkbox"/> 6 Wire wrapped	<input type="checkbox"/> 9 Drilled holes	
<input type="checkbox"/> 7 Torch cut		<input type="checkbox"/> 10 Other (specify) _____		

SCREEN-PERFORATED INTERVALS: From 78 ft. to 108 ft., From _____ ft. to _____ ft.
 From _____ ft. to _____ ft., From _____ ft. to _____ ft.
 GRAVEL PACK INTERVALS: From 20 ft. to 108 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 20 ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.

What is the nearest source of possible contamination:

<input type="checkbox"/> 1 Septic tank	<input type="checkbox"/> 4 Lateral lines	<input type="checkbox"/> 7 Pit privy	<input type="checkbox"/> 10 Livestock pens	<input type="checkbox"/> 14 Abandoned water well
<input type="checkbox"/> 2 Sewer lines	<input type="checkbox"/> 5 Cess pool	<input type="checkbox"/> 8 Sewage lagoon	<input type="checkbox"/> 11 Fuel storage	<input type="checkbox"/> 15 Oil well/Gas well
<input type="checkbox"/> 3 Watertight sewer lines	<input type="checkbox"/> 6 Seepage pit	<input type="checkbox"/> 9 Feedyard	<input type="checkbox"/> 12 Fertilizer storage	<input type="checkbox"/> 16 Other (specify below)
Direction from well? <u>None within 1/4 mile</u>			How many feet? _____	

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0	4	Top Soil			
4	13	Silty Tan Clay			
13	37	Brown Clay			
37	51	Fine to Medium Sand with some small Gravel			
51	80	Brown Silty Clay with small Sand Layers			
80	86	Gray Clay			
86	98	Gray Sandy Clay, Fine Sand, Small Gravel			
98	108	Coarse Rock, Medium Sand, Fractured Gray Shale			
108		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) 11-16-88 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 138 This Water Well Record was completed on (mo/day/yr) 11-26-88 under the business name of Peterson Irrigation, Inc. by (signature) Mike Peterson

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: 913-862-9360. Send one to WATER WELL OWNER and retain one for your records.