| WATER WELL R | _ | WWC-5 | | ision of Water | | | 1W-8 |
|--|--|---|---------------------------------|--|--------------------|---------------|------------|
| Original Record | | ge in Well Use | | urces App. No. | | Well ID | |
| 1 LOCATION OF W County: Phillips | Fraction SW 1/3 SE 1/4 SE 1/4 | SW 1/4 Section Number Township Number Range Number Township Number Range | | | | | |
| 2 WELL OWNER: L | | | | | R 16 □ E | | |
| Business: KDHE T& | | Street or Rural Address where well is located (if unknown, distance and direction from neares; town or intersection): If at owner's address, check here: | | | | | |
| Address: 1000 SW | 1 | 819 Frontage Road; Agra, KS | | | | | |
| Address: | 1 | o 15 1 formage rivad, Agra, No | | | | | |
| City: Topeka | ZIP: 66612 | | T | | | | |
| 3 LOCATE WELL WITH "X" IN | 4 DEPTH OF CON | 1PLETED WELL: | 55.5 ft | | 39.7566 | 3(decimal | l degrees) |
| SECTION BOX: Depth(s) Groundwater Encountered: 1) | | | | Longitude:99.11010(decimal degrees) | | | |
| 2) | | | | | al Datum: WGS 8 | | NAD 27 |
| below land surface, measured on (mo-day-yr) | | | | Source for Latitude/Longitude: GPS (unit make/model:) | | | |
| above land surface, measured on (mo-day-yr) | | | | | | | |
| Pump test data: Well water was ft. | | | | ☐ Land Survey ☐ Topographic Map | | | |
| W after hours pumping | | | | ☐ Online Mapper: | | | |
| SW SE | | | | | | | |
| | s pumpinggpm | 6 Elevation: 1040.30ft. Ground Level | | | | | |
| S | 6.25 in to 56 | ft. and Source: Land Survey GPS Topo | | | | | |
| mile Other | | | | | | | |
| 7 WELL WATER TO BE USED AS: 1. Domestic: 5. Public Water Supply: well ID | | | | | | | |
| 1. Domestic: Household | | 10. Oil Field Water Supply: lease | | | | | |
| ☐ Lawn & Garden | | ☐ Cased ☐ Uncased ☐ Geotechnical | | | | | |
| Livestock | <i>l</i> -8 | | 12. Geothermal: how many bores? | | | | |
| 2. Irrigation | | a) Closed Loop | | | | | |
| 3. ☐ Feedlot ☐ Air Sparge ☐ Soil V | | | xtraction | b) Open Loop Surface Discharge Inj. of Water | | | |
| 4. 🗌 Industrial 💮 Recovery 💮 Injection 13. 🖂 Other (specify): | | | | | | | |
| Was a chemical/bacteriological sample submitted to KDHE? ☐ Yes ■ No If yes, date sample was submitted: | | | | | | | |
| Water well disinfected? ☐ Yes ■ No | | | | | | | |
| 8 TYPE OF CASING USED: Steel PVC Other CASING JOINTS: Glued Clamped Welded Threaded | | | | | | | |
| Casing diameter 2 in to 30.5 fl., Diameter in to fl., Diameter in to fl., Diameter in to fl. Casing height above land surface 5 in. Weight Ibs./ft. Wall thickness or gauge No. | | | | | | | |
| TYPE OF SCREEN OR PERFORATION MATERIAL: | | | | | | | |
| ☐ Steel ☐ Stainless Steel ☐ Fiberglass ☐ PVC ☐ Other (Specify) | | | | | | | |
| ☐ Brass ☐ Galvanized Steel ☐ Concrete tile ☐ None used (open hole) | | | | | | | |
| SCREEN OR PERFORATION OPENINGS ARE: | | | | | | | |
| ☐ Continuous Slot ■ Mill Slot ☐ Gauze Wrapped ☐ Torch Cut ☐ Drilled Holes ☐ Other (Specify) | | | | | | | |
| SCREEN-PERFORATED INTERVALS: From .30.5 ft. to .55.5 ft., From ft., From ft., From ft. | | | | | | | |
| GRAVEL PACK INTERVALS: From | | | | | | | |
| 9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other | | | | | | | |
| Grout Intervals: From | | | | | | | |
| Nearest source of possible contamination: | | | | | | | |
| ☐ Septic Tank ☐ Lateral Lines ☐ Pit Privy ☐ Livestock Pens ☐ Insecticide Storage | | | | | | | |
| ☐ Sewer Lines ☐ Cess Pool ☐ Sewage Lagoon ☐ Fuel Storage ☐ Abandoned Water Well ☐ Watertight Sewer Lines ☐ Scepage Pit ☐ Feedyard ☐ Fertilizer Storage ☐ Oil Well/Gas Well | | | | | | | |
| Other (Specify) | | | | | | | |
| Direction from well? | | | | | | | |
| 10 FROM TO | LITHOLO | GIC LOG | FROM | TO L | THO. LOG (cont.) o | PLUGGING INTE | ERVALS |
| | Grass/Topsoil | | <u> </u> | | | | |
| 0.5 56 0 | Clayey Silt, trace calid | che and sand | | | | | |
| | | -,, -, -, -, -, -, -, -, -, -, -, -, -, | ļ | | · | | |
| | | | <u> </u> | | | | |
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| | ······································ | | Notes: | | | | |
| | | | | | | | |
| | | | | | | | |
| 11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, reconstructed, or plugged | | | | | | | |
| under my jurisdiction and was completed on (mo-day-year) 4/11/17 | | | | | | | |
| under the business name of VVQQUET. PUMD & VVQII. Signature | | | | | | | |
| Mail 1 white copy along with a fee of \$5.00 for each constructed well to: Kansas Department of Health and Environment, Bureau of Water, GWTS Section, | | | | | | | |
| 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Mail one to Water Well Owner and retain one for your records. Telephone 785-296-5524. | | | | | | | |
| Visit us at http://www.kdhcks.gov/waterwell/index.html KSA 82a-1212 Revised 7/10/2015 | | | | | | | |

