WATER WELL RECORD Form WWC-5 KSA 82a-1212

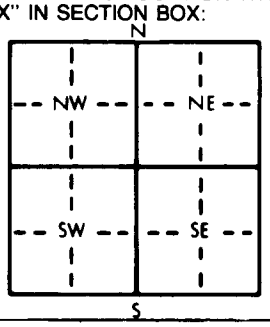
1 LOCATION OF WATER WELL: County: Republic | Fraction: SW ¼ SW ¼ NW ¼ | Section Number: 16 | Township Number: T 4 (S) | Range Number: R 1 (E/W)

Distance and direction from nearest town or city street address of well if located within city?
1 Block South of Elevator Inside of Building

2 WATER WELL OWNER: City of Agenda,
RR#, St. Address, Box # :
City, State, ZIP Code : Agenda, Kan 66930

Board of Agriculture, Division of Water Resources
Application Number:

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



4 DEPTH OF COMPLETED WELL ..... ft. ELEVATION: Unknown
Depth(s) Groundwater Encountered 1. ..... ft. 2. ..... ft. 3. ..... ft.
WELL'S STATIC WATER LEVEL ..... ft. below land surface measured on mo/day/yr .....
Pump test data: Well water was ..... ft. after ..... hours pumping ..... gpm
Est. Yield 35 gpm: Well water was ..... ft. after ..... hours pumping ..... gpm
Bore Hole Diameter ..... in. to ..... ft., and ..... in. to ..... ft.
WELL WATER TO BE USED AS: 1 Domestic 2 Irrigation 3 Feedlot 4 Industrial 5 Public water supply 6 Oil field water supply 7 Lawn and garden only 8 Air conditioning 9 Dewatering 10 Monitoring well 11 Injection well 12 Other (Specify below) Abandoned
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 (Yes) 2 PVC 3 RMP (SR) 4 ABS 5 Wrought iron 6 Asbestos-Cement 7 Fiberglass 8 Concrete tile 9 Other (specify below)
CASING JOINTS: Glued ..... Clamped ..... (Welded) ..... Threaded .....
Blank casing diameter ..... in. to ..... ft., Dia ..... in. to ..... ft., Dia ..... in. to ..... ft.
Casing height above land surface 24 in., weight ..... lbs./ft. Wall thickness or gauge No. 1/4 WALL
TYPE OF SCREEN OR PERFORATION MATERIAL: Unknown
1 Steel 2 Brass 3 Stainless steel 4 Galvanized steel 5 Fiberglass 6 Concrete tile 7 PVC 8 RMP (SR) 9 ABS 10 Asbestos-cement 11 Other (specify) ..... 12 None used (open hole)
SCREEN OR PERFORATION OPENINGS ARE: Unknown
1 Continuous slot 2 Louvered shutter 3 Mill slot 4 Key punched 5 Gauzed wrapped 6 Wire wrapped 7 Torch cut 8 Saw cut 9 Drilled holes 10 Other (specify) ..... 11 None (open hole)
SCREEN-PERFORATED INTERVALS: From ..... ft. to ..... ft., From ..... ft. to ..... ft.
From ..... ft. to ..... ft., From ..... ft. to ..... ft.
GRAVEL PACK INTERVALS: From ..... ft. to ..... 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 14 ft. to 51 ft., From 0 ft. to 14 ft., From ..... ft. to ..... ft.
What is the nearest source of possible contamination:
1 Septic tank 2 Sewer lines 200' 3 Watertight sewer lines 4 Lateral lines 5 Cess pool 6 Seepage pit 7 Pit privy 8 Sewage lagoon 9 Feedyard 10 Livestock pens 11 Fuel storage 350' 12 Fertilizer storage 300' 13 Insecticide storage 14 Abandoned water well 15 Oil well/Gas well 16 Other (specify below)
Direction from well? E. N.E. N.W
How many feet?

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
		NA			

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) 3-26-97 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 480 This Water Well Record was completed on (mo/day/yr) 3-27-97 under the business name of Williams Drilling Inc by (signature) Ron Williams

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, Topeka, Kansas 66620-0001. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.

OFFICE USE ONLY T R E/W SEC. ¼ ¼ ¼