

LOCATION OF WATER WELL	Fraction	Section Number	Township Number	Range Number																																																																								
County: <b>REPUBLIC</b>	<b>SW</b> 1/4 <b>SW</b> 1/4 <b>SE</b> 1/4	<b>18</b>	<b>T</b> <b>4</b> <b>S</b>	<b>R</b> <b>1</b> <b>EW</b>																																																																								
Distance and direction from nearest town or city? <b>1-SOUTH 1/4 WEST AGENDA</b>		Street address of well if located within city?																																																																										
2 WATER WELL OWNER: <b>JIM ANDERSON</b> RR#, St. Address, Box #: <b>AGENDA, KANSAS 66930</b> City, State, ZIP Code																																																																												
Board of Agriculture, Division of Water Resources Application Number:																																																																												
3 DEPTH OF COMPLETED WELL: <b>180</b> ft. Bore Hole Diameter: <b>8</b> in. to <b>180</b> ft. and _____ in. to _____ ft.																																																																												
Well Water to be used as: <div style="display: flex; justify-content: space-between;"> <div> <b>0</b> Domestic    3 Feedlot  2 Irrigation    4 Industrial </div> <div> 5 Public water supply    8 Air conditioning  6 Oil field water supply    9 Dewatering  7 Lawn and garden only    10 Observation well </div> <div> 11 Injection well  12 Other (Specify below) </div> </div>																																																																												
Well's static water level: <b>63</b> ft. below land surface measured on _____ month <b>11</b> day <b>5</b> year <b>80</b>																																																																												
Pump Test Data: Well water was <b>NA</b> ft. after _____ hours pumping _____ gpm Est. Yield <b>50+</b> gpm: Well water was _____ ft. after _____ hours pumping _____ gpm																																																																												
4 TYPE OF BLANK CASING USED: <div style="display: flex; justify-content: space-between;"> <div> 1 Steel    3 RMP (SR)  <b>0</b> PVC    4 ABS  Blank casing dia <b>5</b> in. to <b>160</b> ft., Dia _____ in. to _____ ft. </div> <div> 5 Wrought iron    8 Concrete tile  6 Asbestos-Cement    9 Other (specify below)  7 Fiberglass  Casing height above land surface <b>12</b> in., weight <b>3</b> lbs./ft. Wall thickness or gauge No. <b>258</b> </div> <div> Casing Joints: Glued <b>X</b> Clamped _____  Welded _____  Threaded _____ </div> </div>																																																																												
TYPE OF SCREEN OR PERFORATION MATERIAL: <div style="display: flex; justify-content: space-between;"> <div> 1 Steel    3 Stainless steel    5 Fiberglass  2 Brass    4 Galvanized steel    6 Concrete tile </div> <div> <b>0</b> PVC    8 RMP (SR)  10 Asbestos-cement  11 Other (specify) _____  12 None used (open hole) </div> </div>																																																																												
Screen or Perforation Openings Are: <div style="display: flex; justify-content: space-between;"> <div> 1 Continuous slot    3 Mill slot  2 Louvered shutter    4 Key punched </div> <div> 5 Gauzed wrapped    8 Saw cut  6 Wire wrapped    9 Drilled holes  7 Torch cut    10 Other (specify) _____  11 None (open hole) </div> </div>																																																																												
Screen-Perforation Dia <b>5</b> in. to <b>180</b> ft., Dia _____ in. to _____ ft.																																																																												
Screen-Perforated Intervals: From <b>160</b> ft. to <b>180</b> ft., From _____ ft. to _____ ft.																																																																												
Gravel Pack Intervals: From <b>10</b> ft. to <b>180</b> ft., From _____ ft. to _____ ft.																																																																												
5 GROUT MATERIAL: <b>0</b> Neat cement    2 Cement grout    3 Bentonite    4 Other _____																																																																												
Grouted Intervals: From <b>0</b> ft. to <b>10</b> ft., From _____ ft. to _____ ft.																																																																												
What is the nearest source of possible contamination: <div style="display: flex; justify-content: space-between;"> <div> 1 Septic tank    4 Cess pool    7 Sewage lagoon  2 Sewer lines    5 Seepage pit    8 Feed yard  3 Lateral lines    6 Pit privy    9 Livestock pens </div> <div> 10 Fuel storage    14 Abandoned water well  11 Fertilizer storage    15 Oil well/Gas well  12 Insecticide storage    16 Other (specify below) _____  13 Watertight sewer lines </div> </div>																																																																												
Direction from well <b>NE</b> How many feet <b>200</b> ? Water Well Disinfected? Yes <b>X</b> No _____																																																																												
Was a chemical/bacteriological sample submitted to Department? Yes _____ No <b>X</b> If yes, date sample was submitted _____ month _____ day _____ year																																																																												
If Yes: Pump Manufacturer's name _____ Model No. _____ HP _____ Volts _____																																																																												
Depth of Pump Intake _____ ft. Pumps Capacity rated at _____ gal./min.																																																																												
Type of pump: 1 Submersible    2 Turbine    3 Jet    4 Centrifugal    5 Reciprocating    6 Other _____																																																																												
6 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <b>X</b> constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on <b>11-6-1980</b> month _____ day <b>6</b> day <b>80</b> year _____																																																																												
and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <b>359</b>																																																																												
This Water Well Record was completed on _____ month _____ day _____ year under the business name of <b>DARL Cox + SONS INC</b> by (signature) <b>Daryl Cox</b>																																																																												
7 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:																																																																												
<div style="display: flex; align-items: flex-start;"> <div style="margin-right: 10px;"> <p>1 Mile</p> <p>ELEVATION: <b>1420 ft</b></p> </div> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>FROM</th> <th>TO</th> <th>LITHOLOGIC LOG</th> <th>FROM</th> <th>TO</th> <th>LITHOLOGIC LOG</th> </tr> </thead> <tbody> <tr> <td><b>0</b></td> <td><b>3</b></td> <td><b>TOPSOIL</b></td> <td><b>180</b></td> <td></td> <td><b>STOP</b></td> </tr> <tr> <td><b>3</b></td> <td><b>6</b></td> <td><b>BROWN CLAY</b></td> <td></td> <td></td> <td></td> </tr> <tr> <td><b>6</b></td> <td><b>18</b></td> <td><b>BLUE CLAY</b></td> <td></td> <td></td> <td></td> </tr> <tr> <td><b>18</b></td> <td><b>36</b></td> <td><b>SANDY BLUE CLAY</b></td> <td></td> <td></td> <td></td> </tr> <tr> <td><b>36</b></td> <td><b>41</b></td> <td><b>SANDROCK</b></td> <td></td> <td></td> <td></td> </tr> <tr> <td><b>41</b></td> <td><b>86</b></td> <td><b>RED CLAY</b></td> <td></td> <td></td> <td></td> </tr> <tr> <td><b>86</b></td> <td><b>106</b></td> <td><b>BLUE CLAY</b></td> <td></td> <td></td> <td></td> </tr> <tr> <td><b>106</b></td> <td><b>134</b></td> <td><b>RED CLAY</b></td> <td></td> <td></td> <td></td> </tr> <tr> <td><b>134</b></td> <td><b>157</b></td> <td><b>BLUE CLAY</b></td> <td></td> <td></td> <td></td> </tr> <tr> <td><b>157</b></td> <td><b>163</b></td> <td><b>BLUE CLAY W/ ROCK LAYERS</b></td> <td></td> <td></td> <td></td> </tr> <tr> <td><b>163</b></td> <td><b>180</b></td> <td><b>SANDROCK</b></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> </div>					FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG	<b>0</b>	<b>3</b>	<b>TOPSOIL</b>	<b>180</b>		<b>STOP</b>	<b>3</b>	<b>6</b>	<b>BROWN CLAY</b>				<b>6</b>	<b>18</b>	<b>BLUE CLAY</b>				<b>18</b>	<b>36</b>	<b>SANDY BLUE CLAY</b>				<b>36</b>	<b>41</b>	<b>SANDROCK</b>				<b>41</b>	<b>86</b>	<b>RED CLAY</b>				<b>86</b>	<b>106</b>	<b>BLUE CLAY</b>				<b>106</b>	<b>134</b>	<b>RED CLAY</b>				<b>134</b>	<b>157</b>	<b>BLUE CLAY</b>				<b>157</b>	<b>163</b>	<b>BLUE CLAY W/ ROCK LAYERS</b>				<b>163</b>	<b>180</b>	<b>SANDROCK</b>			
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Depth(s) Groundwater Encountered 1. _____ ft. 2. _____ ft. 3. _____ ft. 4. _____ ft. (Use a second sheet if needed)																																																																												
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, Water Well Contractors, Topeka, KS 66620. Send one to WATER WELL OWNER and retain one for your records.																																																																												

OFFICE USE ONLY

FWD

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SW 1/4 SW 1/4 SE 1/4