| WATER WELL RECORD | Form WWC- | | Division of Wate | er Resources; | App. No. | | | |
|--|--|---------------|---------------------|----------------|-------------|----------------|------|--|
| ~ | Fraction NE1/4 NE1/4 N | ر سوار | Section Number | Township T | | Range Nur R | | |
| Distance and direction from nearest town or city | street address of we | ell if G | lobal Positioning | | | | | |
| located within city? //ymile South | of Agra, Ks | | Latitude: | | | | | |
| West Side of E 1100 Rd. 2 WATER WELL OWNER: Steve : KAy Rose | | I | Longitude: | | | | | |
| RR#, St. Address, Box # : 1821 E 1110 RJ | | I . | Elevation: | | | | | |
| City, State, ZIP Code : Agra, KS | | | Datum: | N 4 1 | | | | |
| | Data Collection | | | | | | | |
| 3 LOCATE WELL'S 4 DEPTH OF COMPL LOCATION | EEIED WELL | | | • | | | | |
| | Depth(s) Groundwater Encountered (1) | | | | | | | |
| SECTION BOX: WELL'S STATIC WAT | Depth(s) Groundwater Encountered (1) | | | | | | | |
| N Pump test data: | Pump test data: Well water wasft. after hours pumping gpm | | | | | | | |
| | Est. Yield | | | | | | | |
| 1NW1NE1 | WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below) | | | | | | | |
| E Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below) 2 Irrigation 4 Industrial 7 Domestic (lawn & garden) 10 Monitoring well | | | | | | | | |
| | | | | | | | | |
| Was a chemical/bacteriological sample submitted to Department? Yes No; If yes, mo/day/yrs | | | | | | | | |
| Sample was submitted | | | | | | | | |
| S | | | | | | | | |
| 5 TYPE OF CASING USED: 5 Wrought Ir | on 8 Conc | rete tile | CASIN | | | | | |
| | Cement 9 Other | | elow) | | | | | |
| Rlank casing diameter in to | ft Diameter | in | to ft | Diameter | Inreaded | in to | ft f | |
| Blank casing diameter in. to ft., Diameter in. to ft., Diameter in. to ft. Casing height above land surface in., Weight lbs./ft. Wall thickness or guage No | | | | | | | | |
| TYPE OF SCREEN OR PERFORATION MATERIAL: | | | | | | | | |
| 1 Steel 3 Stainless Steel 5 Fiberglass OVC 9 ABS 11 Other (Specify) | | | | | | | | |
| 2 Brass 4 Galvanized Steal 6 Concrete tile 8 RM (SR) 10 Asbestos-Cement 12 None used (open hole) | | | | | | | | |
| SCREEN OR PERFORATION OPENINGS ARE: | azed wranned 7 To | orch cut | 9 Drilled holes | 11 Nor | ne (onen h | ole) | | |
| 1 Continuous slot Mill slot 5 Guazed wrapped 7 Torch cut 9 Drilled holes 11 None (open hole) 2 Louvered shutter 4 Key punched 6 Wire wrapped 8 Saw Cut 10 Other (specify) | | | | | | | | |
| SCREEN-PERFORATED INTERVALS: From | | | | | | | | |
| From | | | | | | | | |
| | | | | | | | | |
| From ft. to ft., From ft. to ft. | | | | | | | | |
| 6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other | | | | | | | | |
| Grout Intervals: From | | | | | | | | |
| What is the nearest source of possible contamination: | | | | | | | | |
| 2 Sewer lines 4 Lateral lines 7 Pit privy 10 Livestock pens 13 Insecticide Storage 16 Other (specify 5 Cess pool 8 Sewage lagoon 11 Fuel storage 14 Abandoned water well below) | | | | | | ecity | | |
| 2 Sewer lines 5 Cess pool 8 Sewage lagoon 11 Fuel storage 14 Abandoned water well below) 3 Watertight sewer lines, 6 Seepage pit 9 Feedyard 12 Fertilizer Storage 15 Oil well/gas well | | | | | | | | |
| Direction from well? | | Yow many | | | | | | |
| FROM TO LITHOLOGIC | LOG | FROM | TO | PLUGO | ING INT | ERVALS | | |
| 0 7' Clay | | | | | | | | |
| 7 32 yellow clay | | | | | | | | |
| 32 50 Clay-fine small 56 White Lock, gravel, | | | | | | | | |
| 56 White esch, gravel, | nes sand | | | | | | | |
| 56 Blue set shale | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | ļ | | | | | | |
| 7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged | | | | | | | | |
| 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) | | | | | | | | |
| under the business name of well Sewill by (signature) kind which were well keconowas completed on (moray/year) | | | | | | | | |
| INSTRUCTIONS: Use typewriter or ball point pen. <u>PLEASE PRESS FIRMLY</u> and <u>PRINT</u> clearly. Please fill in branks, underline or circle the correct answers. Send top | | | | | | | | |
| | | | | | | | | |
| three copies to Kansas Department of Health and Environment 785-296-5522. Send one to WATER WELL OWNE | Bureau of Water, Geolog | gy Section, 1 | 000 SW Jackson St., | Suite 420, Top | eka, Kansas | 66612-1367. Te | | |

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