

1 LOCATION OF WATER WELL: County: Washington	Fraction: SE 1/4 SE 1/4 NW 1/4	Section Number: 17	Township Number: T 2 S	Range Number: R 3E E/W
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Distance and direction from nearest town or city street address of well if located within city?
4 miles north & 3 1/2 miles west of Washington

2 WATER WELL OWNER: **3MK Pork L.L.C.**
 RR#, St. Address, Box # : **2069 Prairie Rd**
 City, State, ZIP Code : **Washington, Ks. 66968-8620**
 Board of Agriculture, Division of Water Resources
 Application Number:

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

N			
-NW-	X	-NE-	
W			E
-SW-		-SE-	
			S

4 DEPTH OF COMPLETED WELL: **159** ft. ELEVATION: _____ ft.

Depth(s) Groundwater Encountered 1 _____ ft. 2 _____ ft. 3 _____ ft.

WELL'S STATIC WATER LEVEL: **88** ft. below land surface measured on **8-30-04**

Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm

Est. Yield: **1.71** gpm: Well water was _____ ft. after _____ hours pumping _____ gpm

WELL WATER TO BE USED AS:

5 Public water supply	8 Air conditioning	11 Injection well
1 Domestic	3 Feedlot	6 Oil field water supply
2 Irrigation	4 Industrial	7 Domestic (lawn & garden)
		9 Dewatering
		12 Other (Specify below)
		10 Monitoring well

Was a chemical/bacteriological sample submitted to Department? Yes _____ No _____; If yes, mo/day/yr sample was submitted
 Water Well Disinfected? Yes _____ No _____

5 TYPE OF BLANK CASING USED:

1 Steel	3 RMP (SR)	5 Wrought iron	8 Concrete tile	CASING JOINTS: Glued _____ Clamped _____
2 PVC	4 ABS	6 Asbestos-Cement	9 Other (specify below)	Welded _____
		7 Fiberglass		Threaded _____

Blank casing diameter: **8 1/2** in. to _____ ft., Dia _____ in. to _____ ft.

Casing height above land surface: **24 1/2** in., weight **5.90** lbs./ft. Wall thickness or guage No. **332**

TYPE OF SCREEN OR PERFORATION MATERIAL:

1 Steel	3 Stainless Steel	5 Fiberglass	8 RMP (SR)	10 Asbestos-Cement
2 Brass	4 Galvanized Steel	6 Concrete tile	9 ABS	11 Other (Specify) see below
				12 None used (open hole)

SCREEN OR PERFORATION OPENINGS ARE:

1 Continuous slot	3 Mill slot	5 Guazed wrapped	8 Saw cut	11 None (open hole)
2 Louvered shutter	4 Key punched	6 Wire wrapped	9 Drilled holes	
		7 Torch cut	10 Other (specify) see below	ft.

SCREEN-PERFORATED INTERVALS: From **1.19** ft. to **1.39** ft. **From 8" SDR 26 .030 saw slot** ft.

GRAVEL PACK INTERVALS: From **1.39** ft. to **1.59** ft. **From 8" stainless Johnson wire** ft.

From **85** ft. to **1.59** ft. **XXXXX wrap .030 slot** ft.

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other **Concrete 0'-20'**

Grout intervals: From **80** ft. to **85** ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.

What is the nearest source of possible contamination:

1 Septic tank	4 Lateral lines	7 Pit privy	10 Livestock pens	14 Abandoned water well
2 Sewer lines	5 Cess pool	8 Sewage lagoon	11 Fuel storage	15 Oil well/Gas well
3 Watertight sewer lines	6 Seepage pit	9 Feedyard	12 Fertilizer storage	16 Other (specify below)
			13 Insecticide storage	Ditch

Direction from well? **South** How many feet? **25'**

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	5	top soil	75	77	shale grey/limy
5	11	clay grey brown	77	82	shale grey/w/red streaks
11	19	clay tan red mix	82	86	shale grey
19	21	fine/course sand brown	86	88	shale grey limy
21	28	shale yellow w/red streaks	88	132	sandstone grey/brown
28	29	shale brown limy	132	136	sandstone brown
29	31	sandstone brown/shaly	136	138	shale grey
31	33	shale yellow w/red streaks	138	149	sandstone grey brown
33	37	shale red/w/tan streaks	149	150	shale grey
37	56	shale grey	150	159	sandstone grey/brown
56	63	shale grey w/red streaks	159		limestone grey
63	65	shale grey/limy			
65	72	shale red w/red streaks			
72	75	shale red			

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) **10-12-04** and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's Licence No **182**. This Water Well Record was completed on (mo/day/yr) **10-12-04** under the business name of **Strader drilling Co., Inc.** by (signature) *Jim Strader*

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, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-5522. Send one to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well.

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 NOV 22 2004
 BUREAU OF WATER