

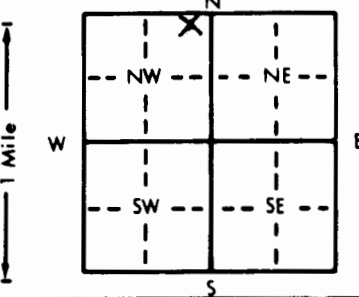
1) LOCATION OF WATER WELL: County: Cowley Fraction: NE 1/4 NE 1/4 NW 1/4 Section Number: 21 Township Number: T 32 S Range Number: R 3 E

Distance and direction from nearest town or city street address of well if located within city?

3 MI. EAST OXFORD

2) WATER WELL OWNER: KELLOGG COOP
 RR#, St. Address, Box #: RT # 2
 City, State, ZIP Code: WINFIELD KS 67156
 Board of Agriculture, Division of Water Resources
 Application Number: N/A

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



4) DEPTH OF COMPLETED WELL: 37' ft. ELEVATION: U.N.K.
 Depth(s) Groundwater Encountered 1. 19 ft. 2. _____ ft. 3. _____ ft.
 WELL'S STATIC WATER LEVEL 16 ft. below land surface measured on mo/day/yr _____
 Pump test data: Well water was 22 ft. after 1 hours pumping 15 gpm
 Est. Yield 30/50 gpm: Well water was _____ ft. after _____ hours pumping _____ gpm
 Bore Hole Diameter 8 in. to T.D. ft., and _____ in. to _____ ft.
 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 9 Dewatering 12 Other (Specify below)
 2 Irrigation 4 Industrial 7 Lawn and garden only 10 Observation well
 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 3 RMP (SR) 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued X Clamped _____
2 PVC 4 ABS 7 Fiberglass _____ Welded _____
 Blank casing diameter 5 in. to _____ ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
 Casing height above land surface 16 in., weight 160 PSI lbs./ft. Wall thickness or gauge No. SDR 26
 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) _____
 12 None used (open hole)
 SCREEN OR PERFORATION OPENINGS ARE:
 1 Continuous slot 3 Mill slot 5 Gauzed 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) _____
 SCREEN-PERFORATED INTERVALS: From 17 ft. to 37 ft., From _____ ft. to _____ ft.
 From _____ ft. to _____ ft., From _____ ft. to _____ ft.
 GRAVEL PACK INTERVALS: From 16 ft. to T.D. 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 0 ft. to 16 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 _____
 Direction from well? S.E. How many feet? 200

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0	10	SILTY MUD			
10	18	YELLOW SDY MUD			
18	30	FINE SAND MUD LENSES			
30	35	MED / COARSE SAND			
35	37	BLUE SKELLY SHALE			
37	T.D.				

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) 9-28-89 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 171 This Water Well Record was completed on (mo/day/yr) 10-31-89 under the business name of G+S DRLG. by (signature) [Signature]

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 Protection, Topeka, Kansas 66620-7320, Telephone: 913-862-9360. Send one to WATER WELL OWNER and retain one for your records.

OFFICE USE ONLY

T

R

EM

SEC.

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