

1 LOCATION OF WATER WELL: County: <u>Cowley</u>		Fraction SW 1/4 SW 1/4 SW 1/4		Section Number 31	Township Number T 34 S	Range Number R 4 <u>EW</u>
Distance and direction from nearest town or city street address of well if located within city? <u>1800 South Summit, Arkansas City, Kansas</u> <u>MW2</u>						
2 WATER WELL OWNER: RR#, St. Address, Box # : City, State, ZIP Code		<u>John Morrell &amp; Company</u> <u>805 East Kemper Road</u> <u>Springdale, Ohio 45246</u> 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: <u>23</u> ft. ELEVATION:				
		Depth(s) Groundwater Encountered 1. <u>13</u> ft. 2. <u>11.71</u> ft. 3. <u>02-18-93</u> ft. WELL'S STATIC WATER LEVEL <u>11.71</u> ft. below land surface measured on mo/day/yr Pump test data: Well water was <u>7.5/8</u> in. to <u>25</u> ft. after <u>10</u> hours pumping <u>gpm</u> Est. Yield <u>gpm</u> : Well water was <u>25</u> ft. after <u>10</u> hours pumping <u>gpm</u> Bore Hole Diameter <u>7.5/8</u> in. to <u>25</u> ft. and <u>10</u> in. to <u>ft.</u> 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 <u>10</u> Monitoring well Was a chemical/bacteriological sample submitted to Department? Yes <u>No</u> <u>X</u> ; If yes, mo/day/yr sample was submitted <u>Water Well Disinfected? Yes No X</u>				
		5 TYPE OF BLANK CASING USED:				
		1 Steel 3 RMP (SR) 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued <u>Clamped</u> <u>2</u> PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded <u>X</u> 7 Fiberglass Threaded <u>X</u> Blank casing diameter <u>2</u> in. to <u>8</u> ft. Dia <u>in.</u> to <u>ft.</u> Dia <u>in.</u> to <u>ft.</u> Casing height above land surface <u>37</u> in. weight <u>lbs./ft.</u> Wall thickness or gauge No. <u>Sch. 40</u>				
		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) <u>7</u> PVC 12 None used (open hole) SCREEN OR PERFORATION OPENINGS ARE: 1 Continuous slot <u>3</u> 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 <u>8</u> ft. to <u>23</u> ft. From <u>ft.</u> to <u>ft.</u>						
GRAVEL PACK INTERVALS: From <u>7</u> ft. to <u>23</u> ft. From <u>ft.</u> to <u>ft.</u>						
6 GROUT MATERIAL: 1 Neat cement <u>2</u> Cement grout <u>3</u> Bentonite 4 Other						
Grout Intervals: From <u>0</u> ft. to <u>2</u> ft. From <u>2</u> ft. to <u>7</u> ft. From <u>ft.</u> to <u>ft.</u>						
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 <u>11</u> 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? <u>east</u> How many feet? <u>120</u>						
FROM		TO		LITHOLOGIC LOG		FROM TO PLUGGING INTERVALS
0	1			SNDY CLY, DK BRN		ID # 00087182 ABOVE GROUND COVER
1	3			SND, DK BRN, F-VF, CLYEY		
3	10			SND, MED BRN, F-VF		
10	13			SND, MED BRN, F-M, MOIST		
13	15			SND, M BRN, F-C, SAT		
15	20			F SND- M GVL, BRN, SAT		
20	25			F SND-C GVL, BRN, SAT		
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <u>(1)</u> constructed, <u>(2)</u> reconstructed, or <u>(3)</u> plugged under my jurisdiction and was completed on (mo/day/year) <u>02-04-93</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>527</u> This Water Well Record was completed on (mo/day/yr) <u>02-23-93</u> under the business name of <u>GeoCore Services, Inc.</u> by (signature) <u>Doug Roy</u>						
INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRINT FIRMLY and PRINT clearly. Please fill in blanks, underline or circle the correct answers. Send two 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						