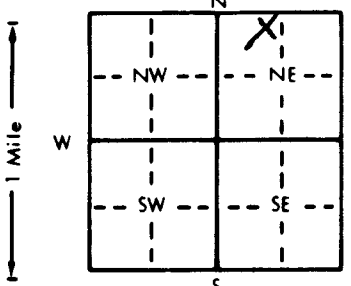


1 LOCATION OF WATER WELL: Fraction Section Number Township Number Range Number  
 County: Logan NE 1/4 NW 1/4 NE 1/4 3 T 11 S R 32 **EW**

Distance and direction from nearest town or city street address of well if located within city?  
 709 Center, Oakley, Ks.

2 WATER WELL OWNER: Country Club Motel  
 RR#, St. Address, Box # : 709 Center Board of Agriculture, Division of Water Resources  
 City, State, ZIP Code : Oakley, Kansas 67748 MW #2 Application Number:

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:  
  
 4 DEPTH OF COMPLETED WELL: 133 ft. ELEVATION:  
 Depth(s) Groundwater Encountered 1. . . . . ft. 2. . . . . ft. 3. . . . . ft.  
 WELL'S STATIC WATER LEVEL . . . . . 122.1 ft. below land surface measured on mo/day/yr  
 Pump test data: Well water was . . . . . ft. after . . . . . hours pumping . . . . . gpm  
 Est. Yield . . . . . gpm: Well water was . . . . . ft. after . . . . . hours pumping . . . . . gpm  
 Bore Hole Diameter . . . . . 8 . . . . . in. to . . . . . 133 . . . . . 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 Monitoring well  
 Was a chemical/bacteriological sample submitted to Department? Yes . . . . . No . . . . . **X**; If yes, mo/day/yr sample was sub-  
 mitted Water Well Disinfected? Yes No **X**

5 TYPE OF CASING USED: 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued . . . . . Clamped . . . . .  
 1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded . . . . .  
 2 PVC 4 ABS 7 Fiberglass Threaded . . . . . **X**  
 Blank casing diameter . . . . . 4 . . . . . in. to . . . . . 103 . . . . . ft. Dia . . . . . in. to . . . . . ft. Dia . . . . . in. to . . . . . ft.  
 Casing height above land surface . . . . . 0 . . . . . in., weight . . . . . 2.071 . . . . . lbs./ft. Wall thickness or gauge No. . . . . 237  
 TYPE OF SCREEN OR PERFORATION MATERIAL: 7 PVC 10 Asbestos-cement  
 1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 11 Other (specify) . . . . .  
 2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 12 None used (open hole)  
 SCREEN OR PERFORATION OPENINGS ARE: 5 Gauzed wrapped 8 Saw cut 11 None (open hole)  
 1 Continuous slot 3 Mill slot 6 Wire wrapped 9 Drilled holes  
 2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify) . . . . .  
 SCREEN-PERFORATED INTERVALS: From . . . . . 103 . . . . . ft. to . . . . . 133 . . . . . ft., From . . . . . ft. to . . . . . ft.  
 From . . . . . ft. to . . . . . ft., From . . . . . ft. to . . . . . ft.  
 GRAVEL PACK INTERVALS: From . . . . . 95 . . . . . ft. to . . . . . 133 . . . . . 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 . . . . . 2 . . . . . ft., From . . . . . 2 . . . . . ft. to . . . . . 95 . . . . . 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 **Removed Fuel Storage**

Direction from well? How many feet?

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	2	Surface			
2	20	Loess			
20	26	Sandy Clay			
26	40	Fine to Med. Sand w/Cemented Strks.			
40	50	Sandy Clay w/Caliche & S. Sand			
50	60	Fine to Med. Sand w/Clay Strk			
60	65	Sandy Clay w/Sand Strks.			
65	79	Med. Sand & Gravel W/Clay Str			
79	82	Cemented Sand w/Caliche & Sand Strks.			
82	90	Sandy Clay w/Some Sand			
90	109	Sandy Clay w/a Few Sand Strks.			
109	133	Med. Sand & Gravel w/S.Clay			

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) . . . . . 1-29-96 . . . . . and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. . . . . 554 . . . . . This Water Well Record was completed on (mo/day/yr) . . . . . 2-7-96 . . . . . under the business name of Woofter Pump & Well, Inc. 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, Topeka, Kansas 66620-0001. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.

OFFICE USE ONLY  
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SEC.  
1/4  
1/4  
1/4