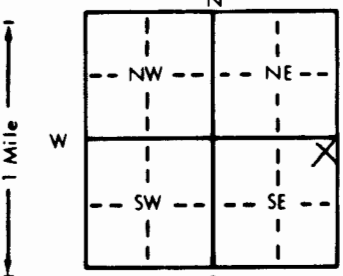


1 LOCATION OF WATER WELL: Fraction NE 1/4 NE 1/4 SE 1/4 Section Number 3 Township Number T 11 S Range Number R 32 EW  
 County: Logan

Distance and direction from nearest town or city street address of well if located within city?  
319 E. Front St., Oakley

2 WATER WELL OWNER: Great Western Tire  
 RR#, St. Address, Box # : 319 E. Front St. Board of Agriculture, Division of Water Resources  
 City, State, ZIP Code : Oakley, Ks. 67748 MW #7 Application Number:

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:  
  
 4 DEPTH OF COMPLETED WELL... 140 ft. ELEVATION:  
 Depth(s) Groundwater Encountered 1. .... ft. 2. .... ft. 3. .... ft.  
 WELL'S STATIC WATER LEVEL 117.99 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 140 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 submitted  
 Water Well Disinfected? Yes No X

5 TYPE OF BLANK 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 ..... in. to 110 ft., Dia ..... in. to ..... ft., Dia ..... in. to ..... ft.  
 Casing height above land surface ..... 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 ..... ft. to ..... ft., From ..... ft. to ..... ft.  
 From ..... ft. to ..... ft., From ..... ft. to ..... ft.  
 GRAVEL PACK INTERVALS: From 110 ft. to 140 ft., From ..... ft. to ..... ft.  
 From 105 ft. to 140 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 3 ft., From 3 ft. to 105 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	4	Surface			
4	24	Clay			
24	34	Sandy Clay & Caliche Strks.			
34	37	Caliche			
37	40	Fine to Med. Sand			
40	59	Fine Sand w/Clay Strks.			
59	70	Med.-Sand w/Cemented Strks.			
70	89	Sandy Clay			
89	96	Fine Med. Sand w/Clay Strks.			
96	109	Sandy Clay w/Sand Strks.			
109	129	Fine to Med. Sand w/Clay Str.			
129	134	Caliche & Cemented Sand			
134	140	Fine Sand & Clay Strks.			

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) 2-19-96 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) 3-20-96 under the business name of Woofter Pump & Well, Inc. by (signature) Jay C. Woofter

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  
T  
R  
EW  
SEC.  
1/4  
1/4  
1/4