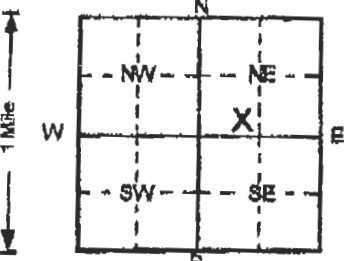


LOCATION OF WATER WELL: Fraction **SE 1/4 SW 1/4 NE 1/4** Section Number **3** Township Number **T 11 S** Range Number **R 32 E/W**
 County: **Logan**

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

WATER WELL OWNER: **BRYAN SERVICE CENTER**
 RR#, St. Address, Box #: **203 CENTER AVENUE**
 City, State, ZIP Code: **OAKLEY, KS 67748**
 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: **135** ft. ELEVATION: **0**

Depth(s) Groundwater Encountered: 1. _____ ft. 2. _____ ft. 3. _____ ft.
 WELL'S STATIC WATER LEVEL: _____ ft. below land surface measured on mo/day/yr
 Pump test data: Well water was **NA** ft. after _____ hours pumping _____ gpm
 Est. Yield: **NA** gpm; Well water was _____ ft. after _____ hours pumping _____ gpm
 Bore Hole Diameter: _____ in. to **1.35** ft. and _____ in. to _____ ft.
 WELL WATER TO BE USED AS:
 6 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
 If yes, mo/day/yr sample was submitted

5] TYPE OF BLANK CASING USED:

Blank casing diameter: **4** in. to **105** ft. Dia. _____ in. to _____ ft. Dia. _____ in. to _____ ft. Dia. _____ in. to _____ ft.
 Casing height above land surface: **0** in., weight _____ lbs./ft. Well thickness or gauge No. **Sch. 40**
 TYPE OF SCREEN OR PERFORATION MATERIAL:
 1 Steel 3 Stainless steel 5 Fiberglass **7** PVC 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 6 Gauzed wrapped 8 Saw out 11 None (open hole)
 2 Louvered shutter 4 Key punched 8 Wire wrapped 9 Drilled holes
 7 Torch cut 10 Other (specify) _____

SCREEN-PERFORATED INTERVALS: From **105** ft. to **135** ft. From _____ ft. to _____ ft.
 From _____ ft. to _____ ft. From _____ ft. to _____ ft.
 GRAVEL PACK INTERVALS: From **102** ft. to **135** ft. From _____ ft. to _____ ft.
 From _____ ft. to _____ ft. From _____ ft. to _____ ft.

6] GROUT MATERIAL:

Grout Intervals: From **0** ft. to **2** ft. From **2** ft. to **97** ft. From **97** ft. to **102** 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? How many feet? **0**

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0.5	12	Clay, v. silty, sandy, tr. gravel, Dark Brown			
12	16	Silt, clayey, sandy, Brown			
16	22	Clay, silty, sandy, Dark Brown			
22	38	Silt, sl. clayey, sl. sandy, some caliche, Lt. Bro			
38	56	Sand (f-c), sl. silty, tr. gravel, tr. caliche, Lt. B			
56	75	Sand (f-c), f-m gravel, Red/Brown			
75	98	Clay, v. silty, v. sandy, mod. gravel, tr. caliche			
98	108	Sand (f-c), v. clayey, sl. silty, f-c gravel, Brown			
108	135	Sand (f-c), clayey, silty, sl. Reddish Brown			

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) **7/22/2004** 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) **8/3/2004**
 under the business name of **Woolter Pump and Well, Inc.** by (signature) *[Signature]*
 MW17, Tag # 00330749, Flashmount
 Project Name: **GF - Bryan Service Center**
 GeoCare # 1079, KDHE # U6 055 00511

INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRINT CLEARLY and PRINT in black. Please fill in blanks, underline or circle the correct answer. Send top three copies to Kansas Department of Health and Environment, Bureau of Water, Topeka, Kansas 66620-0001. Telephone: 813-296-5545. Send one to WATER WELL OWNER and retain one for your records.