

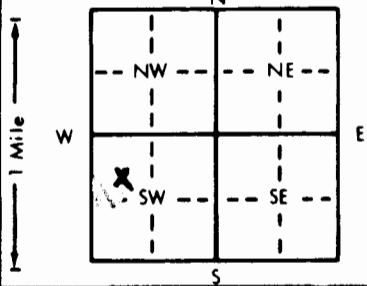
NW-2

1 LOCATION OF WATER WELL: Fraction SW 1/4 NW 1/4 SW 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?
411 West 2nd, Oakley, KS

2 WATER WELL OWNER: CO-AG COOP
 RR#, St. Address, Box #: 1195 Albert Street
 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: 130 ft. ELEVATION: 3,048.04 NTOC
 Depth(s) Groundwater Encountered: 1. 108.82 ft. 2. _____ ft. 3. _____ ft.
 WELL'S STATIC WATER LEVEL: 108.82 ft. below land surface measured on mo/day/yr 4-21-98
 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 _____ 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:
 1 Steel 3 RMP (SR) 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued _____ Clamped _____
2 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded _____
 7 Fiberglass Threaded
 Blank casing diameter 4 in. to 90 ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft.
 Casing height above land surface flush in., weight _____ lbs./ft. Wall thickness or gauge No. 26
 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 8 RMP (SR) 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 90 ft. to 130 ft., From _____ ft. to _____ ft.
 From _____ ft. to _____ ft., From _____ ft. to _____ ft.
 GRAVEL PACK INTERVALS: From 88 ft. to 130 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 1 ft. to 80 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 11 Fuel storage 14 Abandoned water well
 2 Sewer lines 5 Cess pool 8 Sewage lagoon 12 Fertilizer storage 15 Oil well/Gas well
 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 13 Insecticide storage 16 Other (specify below) _____
 Direction from well? _____ How many feet? _____

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	5	Silt: Gray, moist soft	95	100	sand and gravel: brown, very coarse
5	10	Silt: gray, moist, soft	100	130	sand and gravel: partially cemented lenses of clay, caliche and fine sand.
10	15	Silt: gray, moist, soft			
15	20	Silt: gray, moist, soft			
20	25	less than 1% silt recovery due to run in solomon - silt gray, moist plastic clay			
25	30	sand: brown to tan, dense, silt			
30	35	Clay: reddish brown, dry, very stiff			
35	40	sand & gravel: brown, very coarse			
40	45	Clay: reddish brown, dry			
45	60	sand & gravel: brown, very coarse			
60	70	Clay: brown to tan, dry			
70	90	Clay: brown, dry, very stiff, sandy, lots of caliche			
90	95	Clay: brown, dry, very stiff			

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) 4-15-98 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) 4-5-98 under the business name of Jay wooster by (signature) Colo Knight

INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks, underline or circle the correct answers. Send to 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 11 R 32 EW 3 SW 1/4 NW 1/4 SW 1/4