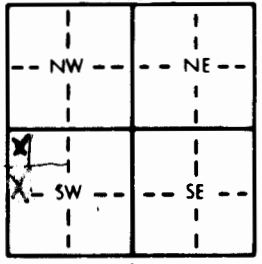


MW-3

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 St
 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: 131 ft. ELEVATION: 3,048.40 ft. NTUC
 Depth(s) Groundwater Encountered 1. 109.26 ft. 2. _____ ft. 3. _____ ft.
 WELL'S STATIC WATER LEVEL: 109.26 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 7 Fiberglass 91 9 Other (specify below) _____ Welded _____
 Blank casing diameter _____ in. to _____ 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 8 RMP (SR) 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 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 _____ ft. to _____ ft., From _____ ft. to _____ ft.
 GRAVEL PACK INTERVALS: From _____ ft. to _____ ft., From _____ ft. to _____ ft.

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____
 Grout Intervals: From _____ ft. to _____ 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 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? _____

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	5	Silt: brown, soft, moist.	92	130	Sand and gravel: Partially cemented lenses of gravel, sand and calcide.
5	10	Silt: brown, soft, moist			
10	15	Silt: brown, soft, moist			
15	20	Silt: brown, soft, moist.			
20	25	Silt: brown, dense, dry.			
25	30	Sand: brown, loose, moist			
30	35	Sand: brown, very coarse gravel			
35	40	Clay: reddish brown, stiff, dry			
40	45	Sand: brown, dense, silty, dry			
45	50	Sand and gravel: brown, very coarse			
50	55	Sand: brown, med. coarse gravel			
55	70	Standard gravel: brown, very coarse			
70	80	Clay: Brown, firm, moist, silty			
80	90	Clay: reddish brown, very stiff			
90	92	Clay: reddish brown, firm, moist			

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) 4-14-98 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) 5-13-98 under the business name of Jay Wooster by (signature) Wole 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 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 11 R 32 EW SEC. 3 SW 1/4 NW 1/4 SW