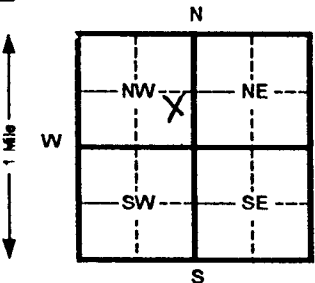


1 LOCATION OF WATER WELL: Fraction **NE 1/4 SE 1/4 NW 1/4** Section Number **3** Township Number **T 27 S** Range Number **R 13 EW**
 County: **Pratt**

Distance and direction from nearest town or city street address of well if located within city?
200ft SE of East Elevator Headhouse

2 WATER WELL OWNER: **Iuka Coop** Board of Agriculture, Division of Water Resources
 RR#, St. Address, Box #: **Box 175** Application Number:
 City, State, ZIP Code: **Iuka KS 68179** **MW 4D**

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:

 4 DEPTH OF COMPLETED WELL **217** ft. ELEVATION:
 Depth(s) Groundwater Encountered 1 _____ ft. 2 _____ ft. 3 _____ ft.
 WELL'S STATIC WATER LEVEL **46** 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 **217** ft. and _____ in. to _____ ft.
 WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well
 1 Domestic 3 Feed lot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)
 2 Irrigation 4 Industrial 7 Lawn and garden (domestic) 10 Monitoring well
 Was a chemical/bacteriological sample submitted to Department? Yes _____ No If yes, mo/day/yr sample was submitted
 Water Well Disinfected? Yes _____ No

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 X
 Blank casing diameter **4** in. to **197** 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 **197** ft. to **217** ft. From _____ ft. to _____ ft.
 From _____ ft. to _____ ft. From _____ ft. to _____ ft.
 GRAVEL PACK INTERVALS: From **194** ft. to **217** 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 **191** ft. From **191** ft. to **194** 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 **CONTAMINATED SITE**
 Direction from well? _____ How many feet? _____

FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	1		Silt, sandy, fine	204	217	Shale, very silty
1	32		Silty clay, occasional clay streaks			
32	44		Sand, fine to med, clayey			
44	60		Sand, clayey, fine to med			
60	150		Sand, med to coarse, some sandy clay streaks			
150	156		Sandy clay			
156	166		Sand, med coarse, small gravel			
166	175		Sandy clay, fine to medium			
175	200		Sand, med to coarse			
200	202		Sand, hard cemented			
202	210		Sandy clay, fine to med			
210	204		Sand, med to coarse, gravel			

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/yr) **7-12-01** 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) **8-14-01** under the business name of **Woofter Pump and Well Inc** by (signature) *Jay Woofter*
 INSTRUCTIONS: Please fill in blanks and circle the correct answers. Send three copies to Kansas Department of Health and Environment, Bureau of Water, Topeka, Kansas 66620-0001. Telephone: 913-298-5545. Send one to WATER WELL OWNER and retain one for your records.

OFFICE USE ONLY

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SEC