

1 LOCATION OF WATER WELL: Fraction **SW ¼ SW ¼ NW ¼** Section Number **3** Township Number **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?
Allied Eviro. - Iuka Coop

2 WATER WELL OWNER: **Kanza Coop Assn.**
 RR#, St. Address, Box # : **P. O. 175** Board of Agriculture, Division of Water Resources
 City, State, ZIP Code : **Iuka, Ks 67066** Application Number: **MW - 30D**

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

4 DEPTH OF COMPLETED WELL **230** ft. ELEVATION: _____
 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 _____ ft. after _____ hours pumping _____ gpm
 Est. Yield _____ gpm: Well water was _____ ft. after _____ hours pumping _____ gpm
 Bore Hole Diameter **8** in. to **233** 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 2 PVC 3 RMP (SR) 4 ABS 5 Wrought Iron 6 Asbestos-Cement 7 Fiberglass 8 Concrete tile 9 Other (specify below) CASING JOINTS: Glued _____ Clamped _____ Welded _____ Threaded
 Blank casing diameter **4** in. to **210** 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: 1 Steel 2 Brass 3 Stainless steel 4 Galvanized steel 5 Fiberglass 6 Concrete tile 7 PVC 8 RMP (SR) 9 ABS 10 Asbestos-cement 11 Other (specify) _____ 12 None used (open hole)
 SCREEN OR PERFORATION OPENINGS ARE: 1 Continuous slot 2 Louvered shutter 3 Mill slot 4 Key punched 5 Gauzed wrapped 6 Wire wrapped 7 Torch cut 8 Saw cut 9 Drilled holes 11 None (open hole) 10 Other (specify) _____
 SCREEN-PERFORATED INTERVALS: From **210** ft. to **230** ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.
 GRAVEL PACK INTERVALS: From **206** ft. to **230** 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 **203** ft. From **203** ft. to **206** ft. From _____ ft. to _____ ft.
 What is the nearest source of possible contamination: 1 Septic tank 2 Sewer lines 3 Watertight sewer lines 4 Lateral lines 5 Cess pool 6 Seepage pit 7 Pit privy 8 Sewage lagoon 9 Feedyard 10 Livestock pens 11 Fuel storage 12 Fertilizer storage 13 Insecticide storage 14 Abandoned water well 15 Oil well/ Gas well 16 Other (specify below) **CONTAMINATED SITE**
 Direction from well? _____ How many feet? _____

FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	2		Surface	120	135	Med sd w/small gravel w/clay lenses
2	9		Loess	135	150	Med sd w/small gravel & clay lenses
9	15		clay	150	165	Tine to med sd w/clay lenses
15	30		Clay	165	180	Fine to med sd w/clay lenses
30	43		Clay	180	195	Med sd w/small gravel w/clay lenses
43	45		fine to med sd w/clay & cal. Strk	195	210	Med sd w/small gravel w/clay lenses
45	60		Fine to med sd w/clay & cal.strk	210	225	Med sd w/small gravel w/clay strks
60	66		Fine to med sd w/clay & cal.strk	225	233	Red shale
66	75		Clay & caliche w/sd strks			
75	90		Clay & caliche w/sd stone strks			
90	95		Clay & cal. W.sdstone strks			
95	105		Fine & med sd w/clay & sd strks			
105	120		Med sd w/small gravel w/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/yr) **6-21=06** 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) **7-7-06** under the business name of **Woofter Pump & Well Inc.** by (signature) *Jan C. Wootter*

INSTRUCTIONS: Please fill in blanks and circle the correct answers. Send three copies to Kansas Department of Health and Environment, Bureau of Water, 1000 S.W. Jackson St., Ste. 420, Topeka, Kansas 66612-1387. Telephone: 813-296-5545. Send one to WATER WELL OWNER and retain one for your records.

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