WATER WELL RECORD Form WWC-5 KSA 82a-1212 ID No. _____

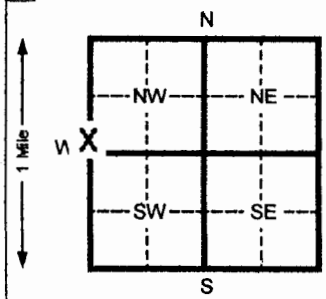
1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: Pratt	SW ¼ SW ¼ NW ¼	3	27 S	R 13 E/W

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**
City, State, ZIP Code : **Iuka, Ks 67066**

Board of Agriculture, Division of Water Resources
Application Number: **MW – 30S**

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



4 DEPTH OF COMPLETED WELL **60** 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 **63** ft. and _____ in. to _____ ft.
WELL WATER TO BE USED AS: 1 Domestic 3 Feed lot 5 Public water supply 6 Oil field water supply 8 Air conditioning 9 Dewatering 11 Injection well 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 **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 6 Asbestos-Cement 8 Concrete tile 9 Other (specify below) [2] PVC 4 ABS 7 Fiberglass
CASING JOINTS: Glued ____ Clamped ____ Welded ____ Threaded **X**
Blank casing diameter **2** in. to **50** ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
Casing height above land surface **0** in., weight **.716** lbs./ft. Wall thickness or gauge No. **.154**
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) 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 **50** ft. to **60** ft. From _____ ft. to _____ ft.
From _____ ft. to _____ ft. From _____ ft. to _____ ft.
GRAVEL PACK INTERVALS: From **47** ft. to **60** 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 **45** ft. From **45** ft. to **47** 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			
2	10		Fine sand			
10	15		Clay			
15	30		Clay			
30	42		Clay			
42	58		Fine to med sd w/clay & caliche			
			Lenses (loose)			
58	63		Clay w/caliche strkss			

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) **6-20=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) Jay C. Woofter

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 66612-1367. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records. by MR

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