

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: Decatur		N 1/4 NE 1/4 NE 1/4	9	T 1 S	R 27 E/W
Distance and direction from nearest town or city street address or well if located within city? 4 east Oberlin, 6 North, 2 east, 1 1/4 North - Murfin					
2 WATER WELL OWNER: Seo Hanchera					
RR#, St. Address, Box #			Board of Agriculture, Division of Water Resources		
City, State, ZIP Code: Danbury NE 69206			Application Number: 20080465		
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL 190 ft. ELEVATION:			
		Depth(s) Groundwater Encountered 1 _____ ft. 2 _____ ft. 3 _____ ft.			
		WELL'S STATIC WATER LEVEL na 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 190 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 X No			
5 TYPE OF BLANK CASING USED:					
1 Steel		3 RMP (SR)		5 Wrought Iron	
2 PVC		4 ABS		6 Asbestos-Cement	
				7 Fiberglass	
Blank casing diameter 4.5 in. to 150 ft., Dia _____ in. to _____ ft.				8 Concrete tile	
Casing height above land surface 18 in., weight 2.38 lbs./ft. Wall thickness or gauge No. 248				9 Other (specify below)	
TYPE OF SCREEN OR PERFORATION MATERIAL:				CASING JOINTS: Glued X Clamped _____	
1 Steel		3 Stainless steel		Welded _____	
2 Brass		4 Galvanized steel		Threaded _____	
SCREEN OR PERFORATION OPENINGS ARE:		5 Fiberglass		8 RMP (SR)	
1 Continuous slot		6 Concrete tile		9 ABS	
2 Louvered shutter		7 Torch cut		10 Asbestos-cement	
3 Mill slot		8 Gauzed wrapped		11 Other (specify) _____	
4 Key punched		9 Wire wrapped		12 None used (open hole)	
SCREEN-PERFORATED INTERVALS:		10 Other (specify) _____		11 None (open hole)	
From 150 ft. to 190 ft.		From _____ ft. to _____ ft.		From _____ ft. to _____ ft.	
GRAVEL PACK INTERVALS:		From 20 ft. to 190 ft.		From _____ ft. to _____ ft.	
From _____ ft. to _____ ft.		From _____ ft. to _____ ft.		From _____ ft. to _____ ft.	
From _____ ft. to _____ ft.		From _____ ft. to _____ ft.		From _____ ft. to _____ ft.	
From _____ ft. to _____ ft.		From _____ ft. to _____ ft.		From _____ ft. to _____ ft.	
6 GROUT MATERIAL:					
1 Neat cement		2 Cement grout		3 Bentonite	
Grout Intervals From 0 ft. to 20 ft.		From _____ ft. to _____ ft.		4 Other _____	
What is the nearest source of possible contamination:				10 Livestock pens	
1 Septic tank		4 Lateral lines		14 Abandoned water well	
2 Sewer lines		5 Cess pool		15 Oil well/ Gas well	
3 Watertight sewer lines		6 Seepage pit		12 Fertilizer storage	
		7 Pit privy		13 Insecticide storage	
		8 Sewage lagoon		16 Other (specify below)	
		9 Feedyard		none	
Direction from well?		How many feet?			
FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO
0	2		Surface	150	184
2	20		Loess		
20	40		Clay w/caliche lenses	184	190
40	60		Clay & caliche w/sandstone strk		
60	93		Sandstone w/fine sd lenses &		
			Clay & caliche lenses		
93	103		Clay & caliche w/sandstone		
			Lenses		
103	125		Sandstone & fine sd lenses w/		
			Caliche & clay lenses		
125	133		Clay & caliche		
133	147		Fine sand w/clay & caliche		
			Lenses		
147	150		Clay w/caliche strks		
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) <u>constructed</u> , (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/yr) 10-17-08 and this record is true to the best of my knowledge and belief. Kansas					
Water Well Contractor's License No. 783		This Water Well Record was completed on (mo/day/yr) 10-24-08			
under the business name of Woofter Pump & Well Inc.		by (signature) <i>[Signature]</i>			
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.					

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