1 LOCATION	ON OF WATE	R WELL:	Fraction			······································		ction Number	Town	ship Number	Rai	nge Numb	er
County:	Dec	atur	SW		W 1/4			17	Т	<b>1</b> s	R	28	E(W)
Distance an	d direction from	n nearest tow	n or city stre	et address	of well if I	located with	in city?	<del></del>	<del>, , , , , , , , , , , , , , , , , , , </del>				
2 WATER	WELL OWNE	R: <b>DeWay</b>	ne Hanc	hera									
RR#, St. Ad	ldress, Box#	: 39309	Rd 707						Board o	of Agriculture, Di	vision of V	Vater Reso	ources
Other Charles	710 0-4-	. Danha	rn/ NE	69026	<b>,</b>				A !!	Man Nisanhaw	200601	240	ł
LOCATE	WELL'S LOC	ATON WITH				<del></del>							
AN "X" I	N SECTION B	OX:	DEPTH	OF COMP	LETED W	ÆLL	2	12 ft. ELE	VATION:	ft.			
	N												
† F		i	WELL'S ST	ATIC WAT	ER LEVE	L N	A 1	ft. below land	surface mea	asured on mo/day	//yr		<u>8</u>
		NE								hours			
	1,,,,,				gpm: W	eli water wa	as			hours			
∯ w	i	€ !	Bore Hole D	)iameter	8	in. to	2	12	ft and	· i	n to		# 9
<del>-</del>			WELL WAT	ER TO BE	USED AS	S: S Publ	c water	supply	8 Air c	conditioning a vatering	11 Injection	on well	₹
<b> </b>	sw <b>X</b>	· SE	1 Dom	estic 3	Feed lot	6)Oil fi	eid wate	r supply	9 Dew	atering '	12 Other	(Specify be	elow)
	j	j.	2 Irriga	ation 4	Industrial	7 Lawr	n and ga	ırden (domest	ic) 10 Mo	nitoring well			
<b>†</b>	<u> </u>		Was a chem	nical/bacte	riological s	sample sub	mitted to	Department?	Yes	No X If yes	s, mo/day/	yr sample	was
	S		submitted							sinfected? Yes		**	
5 TYPE O	F BLANK CAS	ING USED:	······································	5	Wrought I	Iron	8 Cone	crete tile	CASIN	IG JOINTS: Glui	ad X	Clamped	
⊥ Ste								r (specify bek					
ິລຶ		J 11 (	<b>U</b> 1.9	•	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Comon	0 00.0	ii (opour) son	···,	****			
(2) PV	c	4 ABS		7	Fiberglass	8				Thre	aded		
Blank casine	a diameter	4.5	in. to			•••	in	. to	ft. Dia		in to		ft.
Casina heia	tht shove land	eurface	18	in w	_ m,	2.	38 -	. ihe /ft		nese or asuae No	\	.248	"
TYPE OF S	CREEN OR P	FREORATION	MATERIAL	"", <del>"</del>	cigiit		(7	PVC	10	ness or gauge No Asbestos-cem	ent	::::::	
1 Ste		3 Stainle			Fiberglass		8	RMP (SR)	11	Other (specify)	)		
								ARS		. Caron (apoon)			
	155		nized steel		Concrete	tile	9	1	O 12	None used (or	en hole)		
	R PERFORAT				5	Gauzed	wrapped	I		cut	11 Nor	ne (open h	ole)
	ntinuous slot		Mill slot			Wire wra			9 Drilled	d holes			1
	uvered shutter		Key punched			Torch cu			10 Other	r (specify)			
SCREEN-P	ERFORATED	INTERVALS:						16.	F10111				'"
			From		ft. 1	to		ft.	From	ft.	to		ft. 70
	AVEL PACK IN		From	20	ft. 1	to	212	ft. i	From	ft.	to		ft.
			From		ft. 1	to		ft.	From	ft.	to		ft.
6 GROUT	MATERIAL:	1 Neat c	ement	2 Cem	ent grout		(3)86	entonite	4 Other				
Grout Interv	rals From	0	ft. to	20 fi	. From		ft.	to	ft. F	From	ft. to		ft.
What is the	nearest source	of possible c	ontamination	1:	-			10 Lives	tock pens	14 At	andoned	water well	,
1 Sep	ptic tank	•	4 Lateral li	nes	7	Pit privy		11 Fuel	storage	15 Oi	well/ Ga	s well	
2 Sei	wer lines		5 Cess po	_)		Sewage lag	oon	12 Ferti	lizer storage	16 01	her (spec	ify below)	
3 Wa	tertight sewer	lines	6 Seepage			Feedyard			cticide storag			NE	
Direction fro			. •	•		-		How many	/ feet?				
FROM	TO	CODE	LIT	HOLOGIC	LOG		FROM			PLUGGING I	NTERVAL	.S	
0	2	Su	rface				125	131	Caliche				
2	25		ess				131			w/clay lense			
25	33	Cla					150	153		some med s	and w/	caliche	
33	45		ndstone (				·····		Strks (t	ight)			
45	51		ndstone v			<u> </u>	153	160	Caliche				
51	58		ndstone v		liche		160		Clay				
58	82		y & Calic	he			172			Caliche w/fe			
82	91		ndstone				208			some med s	and w/	caliche	<u>&amp;</u>
91	102		liche & C				A44		Clay		=		
102	110		y & Calid			In 1	211	230	Tellow (	ochre & grey	/ snale		
110	113		e to som	e med s	sand W	/ciay						<del></del>	
440	440	Str					<del></del>				y-waruda - e		
113	118		liche	lav	·				<del> </del>				
118	125		liche & C		This weter	wall was to	) denne	unfood (2)	noto into di co	(2) physical 4	or proper in sales	diation and	1400
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) obnstructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/yr)  5/19/06  and this record is true to the best of my knowledge and belief. Kansas													
	on (mo/day/yr)			5/19/06						•	-		
Water Well Contractor's License No. 554 This Water Well Record was completed on (mo/day/yr) 6/16/06 under the business name of Woofter Pump & Well by (signature)													
under the bu	usiness name	of C	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	woofter	rump	& Well		t t	y (signature	) Jay	QU	$\mathcal{O}/\mathcal{U}$	$\overline{\mathbf{c}}$
INSTRI	UCTIONS: Plea n St Sta 420 1	ase till in blanks Foneka Kaness	s and circle the s 66612-1367	correct an	swers. Sei e: 913-204	nd three copi 5545 Send	es to Kai	nsas Departme VATER WELL	nt of Health a OWNER and	nd Environment, B retain one for your	ureau of W	eter, 3000	5 W
<b>VAUNOUI</b>	54, 56. 720,	-pond ranga:	- you is 100/.	· croption	J. 910-200	30 10. OOIR	. J. 14 LU V	T Tiphelin '		. Junio de you		<del></del>	