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

1 LOCATION OF WATER WELL: County: **Decatur** | Fraction: **SW** ¼ **NE** ¼ **SW** ¼ | Section Number: **28** | Township Number: T **2** S | Range Number: R **26** E (W)

Distance and direction from nearest town or city street address of well if located within city?

2 WATER WELL OWNER: **Herbert Shirley**
RR#, St. Address, Box # : **PO Box 61**
City, State, ZIP Code : **Oberlin, KS 67749**

Board of Agriculture, Division of Water Resources Application Number: 20060103

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

N / W / E / S; NW, NE, SW, SE; X; 1 Mile

4 DEPTH OF COMPLETED WELL **175** 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 **80** ft. and _____ in. to _____ ft.

WELL WATER TO BE USED AS: 1 Domestic 3 Feed lot (6) Oil field water supply 8 Air conditioning 9 Dewatering 10 Monitoring well 11 Injection well 12 Other (Specify below) 2 Irrigation 4 Industrial 7 Lawn and garden (domestic) 5 Public water supply

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: (2) PVC; 1 Steel, 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 **4.5** in. to **135** ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.

Casing height above land surface **18** in., weight **2.38** lbs./ft. Wall thickness or gauge No. **.248**

TYPE OF SCREEN OR PERFORATION MATERIAL: (7) PVC; 1 Steel, 2 Brass, 3 Stainless steel, 4 Galvanized steel, 5 Fiberglass, 6 Concrete tile, 8 RMP (SR), 9 ABS, 10 Asbestos-cement, 11 Other (specify), 12 None used (open hole)

SCREEN OR PERFORATION OPENINGS ARE: (8) Saw cut; 1 Continuous slot, 2 Louvered shutter, 3 Mill slot, 4 Key punched, 5 Gauzed wrapped, 6 Wire wrapped, 7 Torch cut, 9 Drilled holes, 10 Other (specify), 11 None (open hole)

SCREEN-PERFORATED INTERVALS: From **135** ft. to **175** ft. From _____ ft. to _____ ft.
From _____ ft. to _____ ft. From _____ ft. to _____ ft.

GRAVEL PACK INTERVALS: From **20** ft. to **175** 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 20 **0** ft. to **20** ft. From _____ ft. to _____ 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): **None**

Direction from well? _____ How many feet? _____

FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	2		Surface	162	170	Caliche & sandstone
2	7		Loess	170	180	Yellow Ochre
7	39		Clay			
39	45		Sandy clay			
45	70		Sandstone w/ sandy clay lens			
70	88		Clay & caliche			
88	97		Fine to some med sand			
97	112		Sandstone & caliche lens			
112	130		Fine to some med sand w/			
			Caliche lens			
130	143		Clay			
143	148		Fine sand			
148	158		Fine to some med sand			
158	162		Caliche			

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) **3/24/06** 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) _____ under the business name of **Woofter Pump & Well Inc** by (signature) Jay G 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.

OFFICE USE ONLY T R SEC