

| | | | | |
|---------------------------|-----------------------|----------------|-----------------|--------------|
| 1 LOCATION OF WATER WELL: | Fraction | Section Number | Township Number | Range Number |
| County: Decatur | NE ¼ SE ¼ NE ¼ | 29 | T 2 S | R 26 |

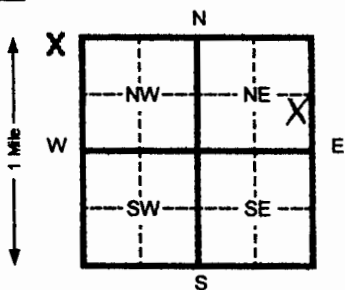
Distance and direction from nearest town or city street address of well if located within city?

2 WATER WELL OWNER: **Herbert Shirley**
 RR#, St. Address, Box #: **P. O. BOX 61**
 City, State, ZIP Code: **OVERLIN, KS 7749**

Board of Agriculture, Division of Water Resources

Application Number: **20060276**

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



4 DEPTH OF COMPLETED WELL

205 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 205 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 **X** 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 | 8 Concrete tile | CASING JOINTS: Glued X Clamped |
| 2 PVC | 4 ABS | 6 Asbestos-Cement | 9 Other (specify below) | Welded |
| | | 7 Fiberglass | | Threaded |

Blank casing diameter 4.5 in. to 165 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:

| | | | | |
|---------|--------------------|-----------------|------------|--------------------------|
| 1 Steel | 3 Stainless steel | 5 Fiberglass | 8 RMP (SR) | 10 Asbestos-cement |
| 2 Brass | 4 Galvanized steel | 6 Concrete tile | 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 165 ft. to 205 ft. From ft. to ft.

From ft. to ft. From ft. to ft.

GRAVEL PACK INTERVALS: From 20 ft. to 205 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 20 ft. From ft. to ft. From ft. to ft.

What is the nearest source of possible contamination:

| | | | | |
|--------------------------|-----------------|-----------------|------------------------|--------------------------|
| 1 Septic tank | 4 Lateral lines | 7 Pit privy | 10 Livestock pens | 14 Abandoned water well |
| 2 Sewer lines | 5 Cess pool | 8 Sewage lagoon | 11 Fuel storage | 15 Oil well/ Gas well |
| 3 Watertight sewer lines | 6 Seepage pit | 9 Feedyard | 12 Fertilizer storage | 16 Other (specify below) |
| | | | 13 Insecticide storage | NONE |

Direction from well?

How many feet?

| FROM | TO | CODE | LITHOLOGIC LOG | FROM | TO | PLUGGING INTERVALS |
|------|-----|------|-----------------------------|------|-----|--------------------------------------|
| 0 | 2 | | Surface | 140 | 150 | Med sd w/small gravel & clay lenses |
| 2 | 15 | | Loess | 150 | 153 | Med sand w/small gravel & clay lense |
| 15 | 20 | | Loess | 153 | 165 | Clay w/sand strks |
| 20 | 30 | | Clay w/caliche strks | 165 | 170 | Clay w/sand strks |
| 30 | 45 | | Clay w/caliche strks | 170 | 180 | Fine to med sd w/clay lenses |
| 45 | 60 | | Clay w/caliche &sd strks | 180 | 195 | Med sand w/clay lenses |
| 60 | 75 | | Clay & caliche w/sand strks | 195 | 203 | Med sand w/clay lenses |
| 75 | 90 | | Clay & caliche w/sd strks | 203 | 205 | Yellow ochre |
| 90 | 105 | | Clay & caliche w/sd strks | | | |
| 105 | 110 | | Clay & caliche w/sd strks | | | |
| 110 | 120 | | Fine to med sd w/clay strks | | | |
| 120 | 125 | | Fine to med sd w/clay strks | | | |
| 125 | 135 | | Clay w/caliche strks | | | |
| 135 | 140 | | Fine to med sd 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) 7-27-06 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) 8-1-06

under the business name of **Woofert Pump & Well Inc.** by (signature) *W. Woofert*

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: 913-298-5545. Send one to WATER WELL OWNER and retain one for your records.