

1 LOCATION OF WATER WELL:		Fraction		Section Number		Township Number		Range Number	
County: Decatur		NW ¼ NW ¼ SW ¼		21		T 2 S		R 26 EW	
Distance and direction from nearest town or city street address of well if located within city?									
2 WATER WELL OWNER: Carl Jolly									
RR#, St. Address, Box # : Rt. 1									
City, State, ZIP Code : Norcat, Ks 67653									
Board of Agriculture, Division of Water Resources Application Number: 20070160									
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:			4 DEPTH OF COMPLETED WELL 200 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 160 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 7 PVC 10 Asbestos-cement									
2 Brass 4 Galvanized steel 6 Concrete tile 8 RMP (SR) 11 Other (specify)									
9 ABS 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 160 ft. to 200 ft. From _____ ft. to _____ ft.									
GRAVEL PACK INTERVALS: From 20 ft. to 200 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 160 173 Fine to med sd w/clay lenses									
2 25 Loess 173 180 Clay w/sand strks									
25 77 Clay w/caliche strks 180 200 Fine to med sd w/clay lenses & some									
77 88 Clay & caliche w/sand strks Small gravel									
88 122 Clay & caliche 200 205 Yellow ochre /grey shale									
122 137 Fine to med sand w/clay & Caliche strks & some small Gravel									
137 144 Clay & caliche									
144 156 Fine to med sd w/clay & caliche Strks									
156 159 Clay & caliche									
159 160 Fine to med sand w/clay & Caliche 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) 5-9-07 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) 5-10-07									
under the business name of Woofert Pump & Well Inc. by (signature) <i>Don Woofert</i>									
INSTRUCTIONS: Please fill in blanks and circle the correct answer. 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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