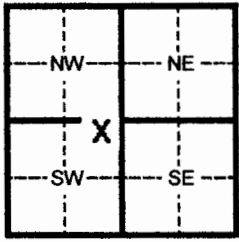


1 LOCATION OF WATER WELL: Fraction **NE 1/4 NE 1/4 SW 1/4** Section Number **23** Township Number **T 2 S** Range Number **R 27W EW**  
 County: **Decatur**

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

2 WATER WELL OWNER: **Elden Long**  
 RR#, St. Address, Box # : **RR 1 Box** Board of Agriculture, Division of Water Resources  
 City, State, ZIP Code : **Norcatour, KS 67653** Application Number: **20080045**

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:  
  
 4 DEPTH OF COMPLETED WELL **210** 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 **210** ft. and \_\_\_\_\_ in. to \_\_\_\_\_ ft.  
 WELL WATER TO BE USED AS:  Public water supply  Air conditioning  Injection well  
 Domestic  Feed lot  Oil field water supply  Dewatering  Other (Specify below)  
 Irrigation  Industrial  Lawn and garden (domestic)  Monitoring well  
 Was a chemical/bacteriological sample submitted to Department? Yes \_\_\_\_\_ No  If yes, mo/day/yr sample was submitted \_\_\_\_\_  
 Water Well Disinfected? Yes \_\_\_\_\_ No

5 TYPE OF BLANK CASING USED:  
 Steel  RMP (SR)  Asbestos-Cement  Other (specify below) \_\_\_\_\_  
 PVC  ABS  Fiberglass \_\_\_\_\_  
 Blank casing diameter **4.5** in. to **170** 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:  
 Steel  Stainless steel  Fiberglass  RMP (SR)  Asbestos-cement  
 Brass  Galvanized steel  Concrete tile  ABS  Other (specify) \_\_\_\_\_  
 PVC  Other (specify) \_\_\_\_\_  
 SCREEN OR PERFORATION OPENINGS ARE:  
 Continuous slot  Mill slot  Gauzed wrapped  Saw cut  None (open hole)  
 Louvered shutter  Key punched  Wire wrapped  Drilled holes  
 Torch cut  Other (specify) \_\_\_\_\_  
 SCREEN-PERFORATED INTERVALS: From **170** ft. to **210** ft. From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
 GRAVEL PACK INTERVALS: From **20** ft. to **210** ft. From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

6 GROUT MATERIAL:  Neat cement  Cement grout  Bentonite  Other \_\_\_\_\_  
 Grout Intervals From **0** ft. to **20** ft. From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
 What is the nearest source of possible contamination:  
 Septic tank  Lateral lines  Pit privy  Livestock pens  Abandoned water well  
 Sewer lines  Cess pool  Sewage lagoon  Fuel storage  Oil well/ Gas well  
 Watertight sewer lines  Seepage pit  Feedyard  Insecticide storage  Fertilizer storage  Other (specify below) \_\_\_\_\_  
 None

Direction from well? \_\_\_\_\_ How many feet? \_\_\_\_\_

FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	2		Surface	150	157	Fine to Med Sand w/ Clay & Caliche
2	21		Loess	157	162	Clay w/ Sand Strks
21	36		Clay w/ Caliche Strks	162	180	Fine to Med Sand w/ Clay Strks & Caliche Lens
36	42		Fine to Med Sand w/ Clay			
			Caliche Strks	180	200	Fine to Med Sand & Small Gravel w/ Clay Strks
42	48		Caliche & Clay w/ Trace Sand			
48	58		Caliche & Clay w/ Sand Strk	200	210	Yellow Ochre/Grey Shale
58	68		Clay w/ Caliche			
68	75		Caliche			
75	100		Caliche w/ Clay Strks & Trace of Sand			
100	110		Sandstone w/ Clay & Caliche In			
110	140		Caliche w/ Clay Strks & Sand Ln			
140	150		Clay w/ Caliche Strks & Sand Ln			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was  constructed,  reconstructed, or  plugged under my jurisdiction and was completed on (mo/day/yr) **1-25-08** 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) **1-30-08** under the business name of **Woofter Pump & Well Inc.** by (signature) *Payl 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

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