WATEI	R WELL	RECORD	Form WWC-	5	Division	of Wata	T Basaumaasi Ann Na			
WATER WELL RECORD 1 LOCATION OF WATER WELL:			Fraction	<u> </u>	Division of Water Resources; App. N Section Number Township Numb			Range Number		
1	ty: Decat			M 1/.		moer	T 2 S	Range Number		
Dieta	nce and di	rection from nearest town or ci	ty street address of we		36 Clobal Basi	itionina	Systems (decimal deg			
				11 11		_	•			
locate	cu wiiiiiii c	ity? NE corner of intersection	n of Hwy 83 & 36		Latitude:					
2 WATER WELL OWNER: Dank On the Automatic						Longitude:				
2 WATER WELL OWNER: Decatur Cooperative Association RR#, St. Address, Box # : 409 W Frontier Parkway					Elevation: 2638.23					
	, St. Addie , State, ZIP	Code	•	-			Datum:			
City,	, State, ZIF	Oberiili, KS 0		Data Collection Method: Hand held Garmin						
3 LOC	LOCATE WELL'S 4 DEPTH OF COMPLETED WELL .98.5					ft.				
LOC	LOCATION									
WITH AN "X" IN Depth(s) Groundwater Encountered (1) 89.92 ft. (2) ft. (3)								ft.		
SEC	TION BO	X: WELL'S STATIC WA	'ELL'S STATIC WATER LEVEL89.92							
	N	Pump test data	Pump test data: Well water wasft. after hours pumping gpm							
	TT		Est. Yield. 2gpm: Well water was							
WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well										
w NV	V NE -	E 1 Domestic 3 Fee	edlot 6 Oil field	water st	upply	9 Dew	vatering 12 Ot	her (Specify below)		
" 		2 Irrigation 4 Inc	lustrial 7 Domesti	c (lawn	& garden) [10 Mor	nitoring well	PMW-6		
_'	. '.			(1	_ garasn, [100.		F-III F-O		
SW	Was a chemical/bacteriological sample submitted to Department? Yes No; If yes, mo/day/yrs									
Sample was submitted										
S water well distillected? Tes No										
5 TYPE OF CASING USED: 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued Clamped										
1		9				CASING		•		
		3 RMP (SR) 6 Asbestos			y below)					
2 PVC 4 ABS 7 Fiberglass										
2 PVC 4 ABS										
Casing neight above land surface4										
TYPE OF SCREEN OR PERFORATION MATERIAL:										
1 Steel 3 Stainless Steel 5 Fiberglass 7 PVC 9 ABS 11 Other (Specify)										
2 Brass 4 Galvanized Steal 6 Concrete tile 8 RM (SR) 10 Asbestos-Cement 12 None used (open hole)										
SCREEN OR PERFORATION OPENINGS ARE:										
1 Continuous slot 3 Mill slot 5 Guazed wrapped 7 Torch cut 9 Drilled holes 11 None (open hole)										
2 Louvered shutter 4 Key punched 6 Wire wrapped 8 Saw Cut 10 Other (specify)										
SCREEN-PERFORATED INTERVALS: From. 78.5 ft. to 98.5 ft., From ft. to ft.										
From ft. to ft., From ft. to ft.										
GRAVEL PACK INTERVALS: From. 76.5 ft. to .98.5 ft., From ft. to ft.										
From										
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other										
6 GRO	UT MATI	ERIAL: 1 Neat cement 2	Cement grout 3 Ber	tonite	4 Other					
Grout In	itervals:	From 0 ft. to 79	ft., From	• • • • • • • • • • • • • • • • • • • •	. ft. to	f	t., From	ft. toft.		
What is the nearest source of possible contamination:										
1 Septic tank 4 Lateral lines 7 Pit privy 10 Livestock pens 13 Insecticide Storage 16 Other (specify										
1	Sewer line			1 Fuel s			bandoned water well	below)		
		sewer lines 6 Seepage pit			zer Storage		il well/gas well			
		1? . \$W		low man	ny feet?6	35				
FROM	TO	LITHOLOGIC	CLOG	FROM	I OT		PLUGGING INT	ERVALS		
0	80	Silt								
80	82.7	Silt - clayey								
82.7	100.3	Sand					,			
100.3		Sandy Clay								
100.0	101	Ouridy Oray								
							,			
			•							
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/year) 10-27-06										
Kansas Water Well Contractor's License No. 554. This Water Well Record was completed on mo/day/year/ 12-06-06.										
under the business name of Woofter Pump & Well, Inc. by (signature) by (signature) INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks, under or circle the correct answers. Send top										
INSTRUC	CTIONS: U	se typewriter or ball point pen. PLE	ASE PRESS FIRMLY and P	PRINT clea	arly. Please fill	l in blank	anderine or circle the c	orrect answers. Send top		
three copies to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Synte 420, Topeka, Kansas 66612-1367. Telephone 785-296-5522. Send one to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well. Visit us at										
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Later // WW		See Hatel Wells.								