

1 LOCATION OF WATER WELL:		Fraction		Section Number		Township Number		Range Number	
County: Decatur		SE ¼ NE ¼ NW ¼		13		T 3 S		R 27 EW	
Distance and direction from nearest town or city street address of well if located within city?									
2 WATER WELL OWNER: Robert D Montgomery									
RR#, St. Address, Box # : 111 E Washington					Board of Agriculture, Division of Water Resources				
City, State, ZIP Code : Oberlin, KS 67749					Application Number: 20060092				
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:					4 DEPTH OF COMPLETED WELL 195 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 195 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 _____ No X				
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 155 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 155 ft. to 195 ft. From _____ ft. to _____ ft.									
GRAVEL PACK INTERVALS: From 20 ft. to 195 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) NONE 13 Insecticide storage									
Direction from well?					How many feet?				
FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS			
0	3		Surface	140	155	Strks Sandy Clay & Caliche			
3	15		Loess	155	167	Soft Sandstone Clay, Caliche			
15	30		Clay			Some Fine Sand			
30	50		Clay & Caliche	167	178	Soft Sandstone w/ Clay & Some			
50	90		Sandy Clay & Caliche w/ Some			Fine to Med Sand			
			Sand	178	181	Clay			
90	98		Caliche, Cemented Sand w/ Cly	181	192	Fine to Med Sand w/ Clay Lens			
98	105		Soft Sandstone w/ Clay & Fine	192	195	Ochre & Shale			
			Sand						
105	110		Fine to Med Sand						
110	115		Sandy Clay						
115	127		Fine to Med Sand w/ Clay Lens						
127	132		Fine Sand w/ Clay						
132	140		Sandy Clay & 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) 3-14-06 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) 3-22-06						
under the business name of Woofter Pump & Well Inc.			by (signature) <i>[Signature]</i>						
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.									

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