

1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: <b>Decatur</b>	<b>NW</b> $\frac{1}{4}$ <b>SW</b> $\frac{1}{4}$ <b>NW</b> $\frac{1}{4}$	<b>6</b>	<b>T 3 S</b>	<b>R 27 E</b>

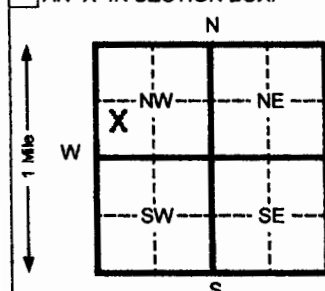
Distance and direction from nearest town or city street address of well if located within city?

2 WATER WELL OWNER: **David Simpson**RR#, St. Address, Box # : **414 N. Grand Ave.**

Board of Agriculture, Division of Water Resources

City, State, ZIP Code : **Oberlin, Ks 67749**Application Number: **20060283**

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



4 DEPTH OF COMPLETED WELL

**135** 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 **135** 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 submittedWater Well Disinfected? Yes **X** No

5 TYPE OF BLANK CASING USED:

5 Wrought iron

8 Concrete tile

CASING JOINTS: Glued **X** Clamped

1 Steel

3 RMP (SR)

6 Asbestos-Cement

9 Other (specify below)

Welded

2 PVC

4 ABS

7 Fiberglass

Threaded

Blank casing diameter **4.5** in. to **95** 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)

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 **95** ft. to **135** ft. From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

From \_\_\_\_\_ ft. to \_\_\_\_\_ ft. From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

GRAVEL PACK INTERVALS: From **20** ft. to **135** 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	107	127	Fine to med sd & gravel
2	15		Loess	127	135	Yellow ochre
15	25		Clay & caliche			
25	32		Fine sand w/clay & sandstone			
32	52		Sandstone w/fine sand			
52	56		Fine to some med sand w/sand			
			Stone strks			
56	65		Sandstone			
65	74		Clay & caliche			
74	86		Fine to med sand			
86	95		Caliche & sandstone			
95	100		Sandstone w/clay & caliche			
100	107		Fine to small med sd w/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) **8-3-06** and this record is true to the best of my knowledge and belief. KansasWater Well Contractor's License No. **554**This Water Well Record was completed on (mo/day/yr) **8-4-06**

under the business name of

**Woofter Pump & Well Inc.**by (signature) *John C. 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.