CORRECTION(S) TO WATER WELL RECORD (WWC-5)

(to rectify lacking or incorrect information)

County: Decatur

Location listed as:	**Location changed to:**
Section-Township-Range: 6-35S-28W	6-3S-28W
Fraction (¼ ¼ ¼): NE NW NW	NE NW NW

Other changes: Initial statements: Completion date: 9-21-25

Changed to: 9-21-2005

Comments:

verification method: Legal description, well owner's address, position on plat map, and mapping tool & aerial photos on KGS website. initials: DRL date: 12/5/2005

submitted by: Kansas Geological Survey, Data Resources Library, 1930 Constant Ave., Lawrence, KS 66047-3726
to: Kansas Dept of Health & Environment, Bureau of Water, 1000 SW Jackson, Suite 420, Topeka, KS 66612-1367.

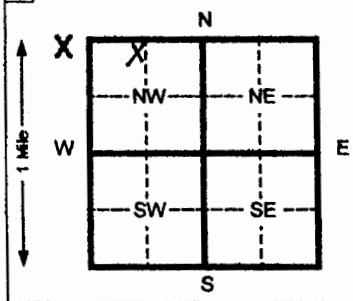
WATER WELL RECORD Form WWC-5 KSA 82a-1212 ID No. Well #12

1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: Decatur	NE ¼ NW ¼ NW ¼	6	T 35 S	R 28 E/W

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

2 WATER WELL OWNER: City of Oberlin
RR#, St. Address, Box # : 1 Morgan Dr.
City, State, ZIP Code : Oberlin, Ks 67749
Board of Agriculture, Division of Water Resources
Application Number:

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



4 DEPTH OF COMPLETED WELL 84 ft. ELEVATION: 2553.5

Depth(s) Groundwater Encountered 1 ____ ft. 2 ____ ft. 3 ____ ft.

WELL'S STATIC WATER LEVEL 30.5 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 28 in. to 84 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 X No ____ If yes, mo/day/yr sample was submitted ____ Water Well Disinfected? Yes X No

5 TYPE OF BLANK CASING USED: 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued ____ Clamped ____
[1] Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded X
2 PVC 4 ABS 7 Fiberglass Threaded ____

Blank casing diameter 16 in. to 52 ft., Dia 16 in. to 84 ft., Dia ____ in. to ____ ft.

Casing height above land surface 24 in., weight 62.5 lbs./ft. Wall thickness or gauge No. 37.5

TYPE OF SCREEN OR PERFORATION MATERIAL: 7 PVC 10 Asbestos-cement
1 Steel [3] Stainless steel 5 Fiberglass 8 RMP (SR) 11 Other (specify) ____
2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 12 None used (open hole)

SCREEN OR PERFORATION OPENINGS ARE: 5 Gauzed wrapped 8 Saw cut 11 None (open hole)
1 Continuous slot 3 Mill slot [6] Wire wrapped 9 Drilled holes
2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify) ____

SCREEN-PERFORATED INTERVALS: From 52 ft. to 69 ft. From ____ ft. to ____ ft.
From ____ ft. to ____ ft. From ____ ft. to ____ ft.

GRAVEL PACK INTERVALS: From 44 ft. to 72 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 27 ft. From 41 ft. to 44 ft. From 72 ft. to 84 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

Direction from well? How many feet?

FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	2		Surface			
2	16		Silty clay			
16	21		Clay			
21	34		Clay w/fine sand strks			
34	40		Fine to med sd & small gravel			
			w/clay strks			
40	52		Fine to med sand & small gravel			
			w/clay lens (loose)			
52	60		Fine to med sand & small			
			Gravel w/clay lens (semi-loose)			
60	72		Fine to med sand & some			
			Ravel w/clay lens, semi-loose			
72	74		Grey shale			

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) 9-21-25 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) 10-28-05 under the business name of Woofter Pump & Well Inc. by (signature) Jay G 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 T R SEC