

1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number		
County: Decatur	SE ¼ SW ¼ NE ¼	29	T 3 S	R 28 E/W		
Distance and direction from nearest town or city street address of well if located within city? Murfin						
2 WATER WELL OWNER: Gaylord Shields						
RR#, St. Address, Box # : 407 E Commercial			Board of Agriculture, Division of Water Resources			
City, State, ZIP Code : Oberlin, Ks 67749			Application Number: 2008 0023			
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL 190 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 220 ft. and _____ in. to _____ ft.		WELL WATER TO BE USED AS: <input checked="" type="checkbox"/> 5 Public water supply <input type="checkbox"/> 8 Air conditioning <input type="checkbox"/> 11 Injection well				
<input type="checkbox"/> 1 Domestic <input type="checkbox"/> 3 Feed lot <input checked="" type="checkbox"/> 6 Oil field water supply <input type="checkbox"/> 9 Dewatering <input type="checkbox"/> 12 Other (Specify below)		<input type="checkbox"/> 2 Irrigation <input type="checkbox"/> 4 Industrial <input type="checkbox"/> 7 Lawn and garden (domestic) <input type="checkbox"/> 10 Monitoring well				
Was a chemical/bacteriological sample submitted to Department? Yes _____ No <input checked="" type="checkbox"/> If yes, mo/day/yr sample was submitted _____		Water Well Disinfected? Yes <input checked="" type="checkbox"/> No _____				
5 TYPE OF BLANK CASING USED:						
<input type="checkbox"/> 1 Steel <input type="checkbox"/> 3 RMP (SR)		<input type="checkbox"/> 5 Wrought Iron <input type="checkbox"/> 8 Concrete tile		CASING JOINTS: <input checked="" type="checkbox"/> Glued <input type="checkbox"/> Clamped		
<input checked="" type="checkbox"/> 2 PVC <input type="checkbox"/> 4 ABS		<input type="checkbox"/> 6 Asbestos-Cement <input type="checkbox"/> 9 Other (specify below)		<input type="checkbox"/> Welded		
<input type="checkbox"/> 7 Fiberglass		<input type="checkbox"/> Threaded				
Blank casing diameter 4.5 in. to 150 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:						
<input type="checkbox"/> 1 Steel <input type="checkbox"/> 3 Stainless steel <input type="checkbox"/> 5 Fiberglass <input checked="" type="checkbox"/> 7 PVC <input type="checkbox"/> 10 Asbestos-cement		<input type="checkbox"/> 8 RMP (SR) <input type="checkbox"/> 11 Other (specify)				
<input type="checkbox"/> 2 Brass <input type="checkbox"/> 4 Galvanized steel <input type="checkbox"/> 6 Concrete tile <input type="checkbox"/> 9 ABS <input type="checkbox"/> 12 None used (open hole)		<input type="checkbox"/> 8 Saw cut <input type="checkbox"/> 11 None (open hole)				
SCREEN OR PERFORATION OPENINGS ARE:						
<input type="checkbox"/> 1 Continuous slot <input type="checkbox"/> 3 Mill slot <input type="checkbox"/> 6 Wire wrapped <input type="checkbox"/> 9 Drilled holes		<input type="checkbox"/> 7 Torch cut <input type="checkbox"/> 10 Other (specify)				
<input type="checkbox"/> 2 Louvered shutter <input type="checkbox"/> 4 Key punched						
SCREEN-PERFORATED INTERVALS: From 150 ft. to 190 ft. From _____ ft. to _____ ft.						
GRAVEL PACK INTERVALS: From 20 ft. to 190 ft. From _____ ft. to _____ ft.						
6 GROUT MATERIAL: <input type="checkbox"/> 1 Neat cement <input type="checkbox"/> 2 Cement grout <input checked="" type="checkbox"/> 3 Bentonite <input type="checkbox"/> 4 Other _____						
Grout Intervals From 0 ft. to 20 ft. From _____ ft. to _____ ft.						
What is the nearest source of possible contamination:						
<input type="checkbox"/> 1 Septic tank <input type="checkbox"/> 4 Lateral lines <input type="checkbox"/> 7 Pit privy <input type="checkbox"/> 10 Livestock pens <input type="checkbox"/> 14 Abandoned water well		<input type="checkbox"/> 11 Fuel storage <input type="checkbox"/> 15 Oil well/ Gas well				
<input type="checkbox"/> 2 Sewer lines <input type="checkbox"/> 5 Cess pool <input type="checkbox"/> 8 Sewage lagoon <input type="checkbox"/> 12 Fertilizer storage <input type="checkbox"/> 16 Other (specify below)		<input type="checkbox"/> 3 Watertight sewer lines <input type="checkbox"/> 6 Seepage pit <input type="checkbox"/> 9 Feedyard <input type="checkbox"/> 13 Insecticide storage <input type="checkbox"/> none				
Direction from well? _____ How many feet? _____						
FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	2		Surface	115	120	Fine sd & sdstone w/caliche
2	25		Loess	120	150	Fine to some med sd
25	43		Clay w/caliche strks w/traces of Sandstone	150	180	Fine to med sd w/clay lenses
43	60		Sandstone w/clay strks	180	190	Fine to med sd w/clay strks
60	71		Sandstone w/fine sandstrks & Clay lenses	190	200	Clay w/sandstone
71	80		Fine sand w/clay & caliche strks	200	210	Clay
80	90		Sandstone w/fine sand w/ Caliche lenses	210	220	Black shale
90	109		Fine sand w/sandstone strks & caliche lenses			
109	115		fine sand & sandstone w/clay strks			
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) 1-18-08 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) 1-18-08 under the business name of Woofter Pump & Well Inc. by (signature) <i>[Signature]</i>						

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