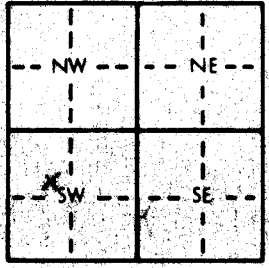


1 LOCATION OF WATER WELL: County: **DECATUR** 030 Fraction **SE 1/4 NW 1/4 SW 1/4** Section Number **1** Township Number **T 3 S** Range Number **R 29 E00**

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

2 WATER WELL OWNER: **CITY OF OBERLIN**
 RR#, St. Address, Box #: **107 W. COMMERCIAL**
 City, State, ZIP Code: **OBERLIN, KS 67749**
 Board of Agriculture, Division of Water Resources
 Application Number:

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

 4 DEPTH OF COMPLETED WELL: **37** ft. ELEVATION: **2558.61**
 Depth(s) Groundwater Encountered: 1 _____ ft. 2 _____ ft. 3 _____ ft.
 WELL'S STATIC WATER LEVEL: **21.57** ft. below land surface measured on mo/day/yr **1-20-93**
 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: **7 1/2** in. to **37** ft. and _____ in. to _____ ft.
 WELL WATER TO BE USED AS:
 5 Public water supply 8 Air conditioning 11 Injection well
 1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering
 2 Irrigation 4 Industrial 7 Lawn and garden only 10 Monitoring well **10**
 Was a chemical/bacteriological sample submitted to Department? Yes _____ No If yes, mo/day/yr sample was submitted _____
 Water Well Disinfected? Yes _____ No

5 TYPE OF BLANK CASING USED:
 1 Steel 3 RMP (SR) 5 Wrought iron 8 Concrete tile
 2 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below)
 Blank casing diameter: **2** in. to **22** ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft.
 Casing height above land surface: _____ in., weight _____ lbs./ft. Wall thickness or gauge No. **34 40**
 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)
 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 **22** ft. to **37** ft. From _____ ft. to _____ ft.
 GRAVEL PACK INTERVALS: From _____ ft. to _____ ft. From _____ ft. to _____ ft.

6 GROUT MATERIAL: Neat cement 2 Cement grout 3 Bentonite 4 Other
 Grout Intervals: From **2.3** ft. to **0** ft. From **20** ft. to **23** 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 13 Insecticide storage
 13 Other (specify below) **FROM FUEL STORAGE**
 Direction from well? **SW** How many feet? **80 ft**

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	3"	20 ASPHALT			
3"	15"	DK GRY/BROWN CLAY			
5"	16.5"	YELLOW BROWN CLAY			
17.5"	23"	OLD DK BRN - GRAY CLAY			
27"	29"	SANDY CLAY			
29"	30"	04 BROWN CLAYEY FGR SAND			
30"	37"	NO SAMPLE RECOVERY			

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) **1-5-93** 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) _____ under the business name of **AGD SERVICES** by (signature) **Jay C. Woolf**

INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks, underline or circle the correct answers. Send top three copies to Kansas Department of Health and Environment, Bureau of Water, Topeka, Kansas 66620-0061. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.