

1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: <u>DECATUR</u> <u>090</u>	<u>SE 1/4 NW 1/4 SW 1/4</u>	<u>1</u>	T <u>2</u> S	R <u>27</u> EW

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

S. WIDENHUEF AVE.

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

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4 DEPTH OF COMPLETED WELL: <u>35</u> ft. ELEVATION: <u>2557.23</u>
	Depth(s) Groundwater Encountered 1. _____ ft. 2. _____ ft. 3. _____ ft. WELL'S STATIC WATER LEVEL <u>27.27</u> ft. below land surface measured on mo/day/yr <u>1-26-93</u> 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 <u>7 1/2</u> in. to <u>35</u> 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 12 Other (Specify below) 2 Irrigation 4 Industrial 7 Lawn and garden only <u>10 Monitoring well</u> Was a chemical/bacteriological sample submitted to Department? Yes _____ No <u>1-26-93</u> If yes, mo/day/yr sample was submitted _____ Water Well Disinfected? Yes _____ No <u>1-26-93</u>

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)
<u>2 PVC</u>	4 ABS	7 Fiberglass	Welded _____ Threaded <u>✓</u>
Blank casing diameter _____ in. to _____ ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft.			
Casing height above land surface _____ in., weight _____ lbs./ft. Wall thickness or Gauge No. <u>3440</u>			
TYPE OF SCREEN OR PERFORATION MATERIAL:	<u>7 PVC</u>	10 Asbestos-cement	
1 Steel	3 Stainless steel	5 Fiberglass	8 RMP (SR)
2 Brass	4 Galvanized steel	6 Concrete tile	9 ABS
SCREEN OR PERFORATION OPENINGS ARE:	5 Gauzed wrapped	<u>8 Saw cut</u>	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 _____ ft. to _____ ft. From _____ ft. to _____ ft.			
GRAVEL PACK INTERVALS: From _____ ft. to _____ ft. From _____ ft. to _____ ft.			

6 GROUT MATERIAL:	<u>1 Neat cement</u>	2 Cement grout	<u>3 Bentonite</u>	4 Other
Grout Intervals: From <u>9.7"</u> ft. to <u>0</u> ft. From <u>17</u> ft. to <u>9.7"</u> ft. From _____ ft. to _____ ft.				
What is the nearest source of possible contamination:	10 Livestock pens	14 Abandoned water well		
1 Septic tank	4 Lateral lines	7 Pit privy	11 Fuel storage	15 Oil well/Gas well
2 Sewer lines	5 Cess pool	8 Sewage lagoon	12 Fertilizer storage	<u>16 Other (specify below)</u>
3 Watertight sewer lines	6 Seepage pit	9 Feedyard	13 Insecticide storage	<u>NEAR FENCE STORM</u>
Direction from well? <u>E</u>			How many feet? <u>75</u>	

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	6"	ROAD GRAVEL			
6"	38"	CLAY OR TAN/BROWN CLAY			
38"	4	DR GRAY CLAY			
4	19	YELLOW/BROWN CLAY			
19	23'4"	BROWN GRAY CLAY			
23'4"	25'	CLAY, WET / SOFT			
25'	28	NO SAMPLE RECOVERY			
28	27'4"	05 FGR, LOOSE, SILTY WET TAN SAND			
27'4"	28'11"	DRYST FINE GRAY CLAY			
28'11"	30'	DRY/BROWN, DRY BROWN DENSE CLAY			
30'	33	NO SAMPLE RECOVERY			
33	33'5"	17 LOOSE SANDY MED GRAVEL			
33'5"	34	BROWN SANDY CLAY			
34	34'10"	BROWN FGR TIGHT CLAYED SAND			
34'10"	35'	04 BROWN DENSE SANDY CLAY			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <u>1</u> constructed, <u>2</u> reconstructed, or <u>3</u> plugged under my jurisdiction and was completed on (mo/day/year) <u>1-6-93</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>554</u> This Water Well Record was completed on (mo/day/yr) _____ under the business name of <u>AGD SERVICES</u> by (signature) <u>Ray C. Noften</u>
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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 66620-0001. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.