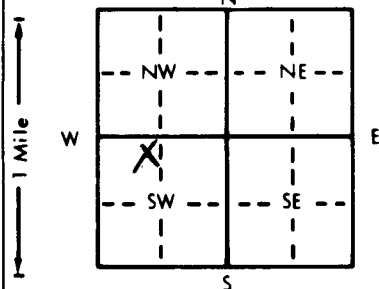


1 LOCATION OF WATER WELL: County: Decatur Fraction: NE 1/4 NW 1/4 SW 1/4 Section Number: 1 Township Number: T 3 S Range Number: R 29 E W

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

2 WATER WELL OWNER: Decatur Co-op
 RR#, St. Address, Box # : Oberlin, Ks.
 City, State, ZIP Code : _____
 Board of Agriculture, Division of Water Resources
 MW #1 1 Application Number: _____

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



4 DEPTH OF COMPLETED WELL: 41 ft. ELEVATION: _____

Depth(s) Groundwater Encountered 1. _____ ft. 2. _____ ft. 3. _____ ft.
 WELL'S STATIC WATER LEVEL: 29 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: 6 5/8 in. to 4.5 in. to _____ in. to _____ in.
 WELL WATER TO BE USED AS:
 1 Domestic _____ 3 Feedlot _____ 6 Oil field water supply _____ 8 Air conditioning _____ 11 Injection well _____
 2 Irrigation _____ 4 Industrial _____ 7 Lawn and garden only _____ 9 Dewatering _____ 12 Other (Specify below) _____
 10 Monitoring well _____
 Was a chemical/bacteriological sample submitted to Department? Yes _____ No X _____; If yes, mo/day/yr sample was submitted _____
 Water Well Disinfected? Yes _____ No X _____

5 TYPE OF BLANK CASING USED:
 1 Steel _____ 3 RMP (SR) _____ 5 Wrought iron _____ 8 Concrete tile _____ CASING JOINTS: Glued _____ Clamped _____
 2 PVC _____ 4 ABS _____ 6 Asbestos-Cement _____ 9 Other (specify below) _____ Welded _____
 7 Fiberglass _____ Threaded X _____
 Blank casing diameter 2 in. to 26 in. Dia _____ in. to _____ in. Dia _____ in. to _____ in. Dia _____
 Casing height above land surface 0 in., weight 71.6 lbs./ft. Wall thickness or gauge No. 154

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 _____ 9 ABS _____ 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 26 ft. to 41 ft., From _____ ft. to _____ ft.
 From _____ ft. to _____ ft., From _____ ft. to _____ ft.
 GRAVEL PACK INTERVALS: From 23 ft. to 41 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 19 ft., From 19 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 _____ 16 Other (specify below) _____
 13 Insecticide storage _____

Direction from well? _____ How many feet? _____

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	2	Surface			
2	10	Drk. brwn Silty Clay/Trace sand			
10	30	Drk. Brwn Silty Clay/Sand			
30	41	Olive Gray Silty Clay to Sandy Silt w/ Sand			

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) 7-19-93 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) 7-29-93 under the business name of Woofter Pump & Well, Inc. by (signature) [Signature]

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.