

1 LOCATION OF WATER WELL: County: Decatur	Fraction: NW 1/4 NW 1/4 NW 1/4	Section Number: 20	Township Number: T 5 S	Range Number: R 28 E
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Distance and direction from nearest town or city street address of well if located within city?

2 WATER WELL OWNER: Jon Anderson	Board of Agriculture, Division of Water Resources
RR#, St. Address, Box #: 314 Laurel St	Application Number:
City, State, ZIP Code: San Francisco, Ca 94118	

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4 DEPTH OF COMPLETED WELL 153 ft. ELEVATION:
	Depth(s) Groundwater Encountered 1 _____ ft. 2 _____ ft. 3 _____ ft. WELL'S STATIC WATER LEVEL _____ 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 160 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 _____ No X 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 X Clamped _____
1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded _____	
2 PVC 4 ABS 7 Fiberglass Threaded _____	
Blank casing diameter 4.5 in. to 113 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:	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:	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 113 ft. to 153 ft. From _____ ft. to _____ ft.	
GRAVEL PACK INTERVALS: From 20 ft. to 153 ft. From _____ ft. to _____ ft.	

6 GROUT MATERIAL:	1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____
Grout Intervals From 0 ft. to 20 ft. From _____ ft. to _____ 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 16 Other (specify below)	
3 Watertight sewer lines 6 Seepage pit 9 Feedyard 13 Insecticide storage none	
Direction from well? _____	How many feet? _____

FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	2		Surface	126	142	Fine to med sand
2	12		Loess	142	147	Clay & caliche
12	20		Clay	147	151	Fine to med sd & gravel
20	25		Fine to med sand	151	160	Yellow ochre
25	32		Clay & caliche			
32	40		Fine sand w/clay strk			
40	44		Clay			
44	61		Sandstone			
61	74		Clay & caliche			
74	95		Sandstone & caliche			
95	102		Clay & fine sand			
102	112		Caliche w/clay sstrk			
112	124		Fine to some med sd w/clay len			
124	126		caliche			

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) 5-17-06	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) 5-26-06
under the business name of Woofert Pump & Well Inc.	by (signature) <i>Jay L. Woofert</i>	

INSTRUCTIONS: Please fill in blanks and circle the correct answers. Send three copies to Kansas Department of Health and Environment, Bureau of Water, 1600 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.