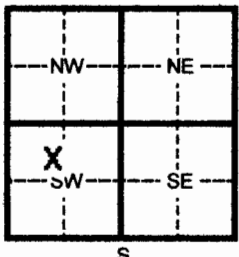


1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: Decatur		C $\frac{1}{4}$ N $\frac{1}{2}$ SW $\frac{1}{4}$	19	T 5 S	R 29 EW
Distance and direction from nearest town or city street address of well if located within city?					

2 WATER WELL OWNER: Vivian Green		Board of Agriculture, Division of Water Resources Application Number: 20070310
RR#, St. Address, Box #: 47060 Westward Ho		
City, State, ZIP Code: Gualala, Ca 95445		

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: 	4 DEPTH OF COMPLETED WELL 100 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 100 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 60 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:				
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:				
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	
SCREEN-PERFORATED INTERVALS: From 60 ft. to 100 ft. From _____ ft. to _____ ft.				
GRAVEL PACK INTERVALS: From 20 ft. to 100 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.					
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)	none
Direction from well?		How many feet?			

FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	2		Surface			
2	12		Sandstone w/sand strks			
12	21		Fine to med sand			
21	33		Fine to med sd w/clay & caliche			
33	47		Sandstone w/clay strks			
47	63		Fine to some med sd w/ Sandstone			
63	69		Fine to some med sand			
69	76		Fine to med sand			
76	89		Fine to med sand w/clay & Caliche strks			
89	160		Yellow ochre/black shale			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) <u>constructed</u> , (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/yr) 8-17-07 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) 8-27-07
under the business name of Woofert Pump & Well Inc.	by (signature) <i>[Signature]</i>

INSTRUCTIONS: Please fill in blanks and circle the correct answers. Send three copies to Kansas Department of Health and Environment, Bureau of Water, 1000 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.

OFFICE USE ONLY

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