WATER WELL RECORD Form WWC-5 KSA 82a-1212 ID No. _____

1 LOCATION OF WATER WELL: County: **Decatur** | Fraction: **ne** ¼ **sw** ¼ **nw** ¼ | Section Number: **10** | Township Number: T **5** S | Range Number: R **30** E(W)

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

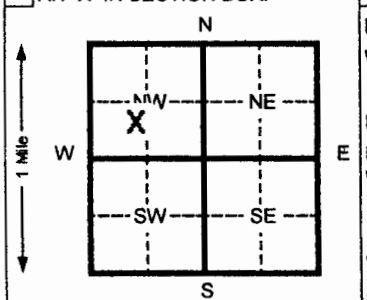
2 WATER WELL OWNER: **James D. Klein**

RR#, St. Address, Box # :

City, State, ZIP Code : **St. Paul Mn**

Board of Agriculture, Division of Water Resources Application Number: **20060163**

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



4 DEPTH OF COMPLETED WELL **175** 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 **180** ft. and _____ in. to _____ ft.

WELL WATER TO BE USED AS: 1 Domestic 2 Irrigation 3 Feed lot 4 Industrial (5) Public water supply (6) Oil field water supply 7 Lawn and garden (domestic) 8 Air conditioning 9 Dewatering 10 Monitoring well 11 Injection well 12 Other (Specify below) _____

Was a chemical/bacteriological sample submitted to Department? Yes _____ No **XX** If yes, mo/day/yr sample was submitted _____ Water Well Disinfected? Yes **X** No

5 TYPE OF BLANK CASING USED: 1 Steel 2 PVC 3 RMP (SR) 4 ABS 5 Wrought Iron 6 Asbestos-Cement 7 Fiberglass 8 Concrete tile 9 Other (specify below) _____

CASING JOINTS: Glued **X** Clamped _____ Welded _____ Threaded _____

Blank casing diameter **4.5** in. to **135** 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 2 Brass 3 Stainless steel 4 Galvanized steel 5 Fiberglass 6 Concrete tile 7 PVC 8 RMP (SR) 9 ABS 10 Asbestos-cement 11 Other (specify) _____ 12 None used (open hole)

SCREEN OR PERFORATION OPENINGS ARE: 1 Continuous slot 2 Louvered shutter 3 Mill slot 4 Key punched 5 Gauzed wrapped 6 Wire wrapped 7 Torch cut 8 Saw cut 9 Drilled holes 10 Other (specify) _____ 11 None (open hole)

SCREEN-PERFORATED INTERVALS: From **135** ft. to **175** ft. From _____ ft. to _____ ft.

From _____ ft. to _____ ft. From _____ ft. to _____ ft.

GRAVEL PACK INTERVALS: From **20** ft. to **175** 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 **20** ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.

What is the nearest source of possible contamination: 1 Septic tank 2 Sewer lines 3 Watertight sewer lines 4 Lateral lines 5 Cess pool 6 Seepage pit 7 Pit privy 8 Sewage lagoon 9 Feedyard 10 Livestock pens 11 Fuel storage 12 Fertilizer storage 13 Insecticide storage 14 Abandoned water well 15 Oil well/ Gas well 16 Other (specify below) **none**

Direction from well? How many feet?

FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	2		Surface	140	150	Clay & caliche w/sand strks
2	17		Loess	150	160	Fine to some med sand w/clay lenses
17	20		Clay w/caliche strks	160	175	Fine & med sand w/clay lenses
20	40		Clay w/caliche strks	175	180	Yellow ochre
40	43		Clay w/caliche strks			
43	60		Clay w/caliche & sand strks			
60	70		Fine w/some med sd w/clay			
			Lenses			
70	80		Caliche w/clay lenses			
80	84		Caliche w/clay lenses			
84	100		Caliche w/clay & sand strks			
100	112		Caliche w/clay & sand strks			
112	120		Clay w/caliche strks			
120	140		Clay & caliche w/sand strks			

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) **5-11-06** 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) **5-12-06** under the business name of **Woofter Pump & Well Inc.** by (signature) Jay E Woofter

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.