

1 LOCATION OF WATER WELL:		Fraction		Section Number		Township Number		Range Number	
County: Decatur		NW ¼ SE ¼ SE ¼		11		T 5 S		R 30 E	
Distance and direction from nearest town or city street address of well if located within city?									
2 WATER WELL OWNER: Gaylord Shields									
RR#, St. Address, Box #: 407 East Commerical									
City, State, ZIP Code: Oberlin, Ks 67749									
Board of Agriculture, Division of Water Resources Application Number: 20070228									
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL 173 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 175 ft. and _____ in. to _____ ft.							
WELL WATER TO BE USED AS: ☒ Public water supply ☐ Air conditioning ☐ Injection well									
1 Domestic 3 Feed lot ☒ 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 ☒ If yes, mo/day/yr sample was submitted _____									
Water Well Disinfected? Yes ☒ No _____									
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 _____									
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 3 Stainless steel 5 Fiberglass 7 PVC 10 Asbestos-cement									
2 Brass 4 Galvanized steel 6 Concrete tile 8 RMP (SR) 11 Other (specify) _____									
9 ABS 12 None used (open hole)									
SCREEN OR PERFORATION OPENINGS ARE:									
1 Continuous slot 3 Mill slot 5 Gauzed wrapped ☒ 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 135 ft. to 173 ft. From _____ ft. to _____ ft.									
GRAVEL PACK INTERVALS: From 20 ft. to 173 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 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									
13 Insecticide storage									
Direction from well? _____ How many feet? _____									
FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS			
0	2		Surface	99	102	Caliche			
2	5		Loess	102	126	Fine sand w/sandstone strks &			
5	30		Clay w/caliche lenses			Caliche lenses			
30	34		Clay w/caliche strks	126	143	Fine sand w/caliche strks			
34	41		Clay & caliche w/traces of sand	143	171	Fine to some med sand w/caliche			
41	46		Clay & caliche w/sand strks			Lense			
46	66		Fine to med sand w/clay &	171	175	Yellow ochre/grey shale			
			Caliche strks						
66	72		Fine to med sd w/sdstone strks						
72	80		Fine to med sd w/clay &						
			Caliche strks						
80	89		Sandstone						
89	99		Fine to some med sd w/clay						
			&caliche strks						
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) 6-28-07 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) 6-29-07									
under the business name of Woofter Pump & Well Inc. by (signature) <i>Gayle Woofter</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 SW Jackson St., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.									

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