

1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: Decatur	SE ¼ NW ¼ NW ¼	11	5s	30w

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

2 WATER WELL OWNER: Grayford Shields RR#, St. Address, Box # 407 E Commercial City, State, ZIP Code: Oberlin, KS 66749	Board of Agriculture, Division of Water Resources Application Number: 20070228
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3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4 DEPTH OF WELL 175 ft. WELL'S STATIC WATER LEVEL 111 ft. WELL WAS USED AS: <table border="0"> <tr> <td>1 Domestic</td> <td>5 Public Water Supply</td> <td>9 Dewatering</td> </tr> <tr> <td>2 Irrigation</td> <td>6 Oil Field Water Supply</td> <td>10 Monitoring Well</td> </tr> <tr> <td>3 Feedlot</td> <td>7 Lawn and Garden (domestic)</td> <td>11 Injection Well</td> </tr> <tr> <td>4 Industrial</td> <td>8 Air Conditioning</td> <td>12 Other</td> </tr> </table>	1 Domestic	5 Public Water Supply	9 Dewatering	2 Irrigation	6 Oil Field Water Supply	10 Monitoring Well	3 Feedlot	7 Lawn and Garden (domestic)	11 Injection Well	4 Industrial	8 Air Conditioning	12 Other
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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:										
<table border="0"> <tr> <td>1 Steel</td> <td>3 RMP (SR)</td> <td>5 Wrought</td> <td>7 Fiberglass</td> <td>9 Other (specify below)</td> </tr> <tr> <td>2 PVC</td> <td>4 ABC</td> <td>6 Asbestos-Cement</td> <td>8 Concrete Tile</td> <td></td> </tr> </table>	1 Steel	3 RMP (SR)	5 Wrought	7 Fiberglass	9 Other (specify below)	2 PVC	4 ABC	6 Asbestos-Cement	8 Concrete Tile	
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Blank casing diameter 4.5 in. Was casing pulled? Yes _____ No X If yes, how much _____										
Casing height above or below land surface -3 in.										

6 GROUT PLUG MATERIAL:	1 Neat cement	2 Cement grout	3 <u>Bentonite</u>	4 Other _____
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Grout Plug Intervals From **3** ft. to **0** ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.

What is the nearest source of possible contamination:

- | | | | |
|--------------------------|-------------------|-------------------------|--------------------------|
| 1 Septic tank | 6 Seepage pit | 11 Fuel storage | 16 Other (specify below) |
| 2 Sewer lines | 7 Pit privy | 12 Fertilizer storage | None |
| 3 Watertight sewer lines | 8 Sewage lagoon | 13 Insecticide storage | |
| 4 Lateral lines | 9 Feedyard | 14 Abandoned water well | |
| 5 Cess Pool | 10 Livestock pens | 15 Oil well/ Gas well | |

Direction from well? _____ How many feet? _____

FROM	TO	CODE	PLUGGING MATERIALS
175	111		Sand
111	3		Compacted Soil
3	0		Bentonite

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/yr) 10-19-07 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) 10-22-07 under the business name of Woofert Pump & Well Inc. by (signature) <i>Grayford Shields</i>
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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 66620-0001. Telephone: 785-296-3565. Send one to Water Well Owner and retain one for your records.