WATER WELL	PECORN	Form WWC-5	KSA 82a-1212	ID No.
VVAIER VVELL	KEUURD	LOSS SAAAC-O	1107 020-1212	10 110.

1 LOCATIO	ON OF WATE	R WELL:	Fraction		W-40		Se	ection Nu	mber	Towns	hip Number	Range	Number	
			SE	1/4	SE	½ SE	1/4	16		T	11 s	R	21	E/W
Distance an	nd direction fro	m nearest tow	n or city stre	et addre	ss of wel	I if located w	ithin city?			- A		 		T
County: Trego SE ½ SE ½ SE ½ 16 T 11 S R 21 E/W Distance and direction from nearest town or city street address of well if located within city?														
2 WATER	WELL OWNE	R. Norma	n L. Nels	on										
2 WATER WELL OWNER: Norman L. Nelson RR#, St. Address, Box # : P. O. Box 560 Board of Agriculture, Division of Water Resources														
City State ZIP Code Norton, Ks 67654 Application Number: 43860 - 43740														
City, State, ZIP Code : Norton, Ks 67654 Application Number: 43860 - 43740 3 LOCATE WELL'S LOCATON WITH 4 DEPTH OF COMPLETED WELL 120 ft. ELEVATION: N Depth(s) Groundwater Encountered 1 ft. 2 ft. 3 ft.														
3 ANI "V"	NELL'S LOC	ATON WITH	4 DEDTH	OE CON	ADI ETEI	NATELI	1	20 #	ELE/	/ATION:				
AN	N SECTION B	OA.	DEFIN	OF CON	WE LETEL	J VVELL		11.		A				c
	N													-
 †											ured on mo/day/			
				Pump te	st data:	Well water	was		f	t. after	hours p	oumping	g	Jpm c
	NW	- NE	Fet Vield	•	anm.	Well water	was		f	t. after	hours p	oumpina	C	gpm c
₩ W	1	E	Born Holo C	· · · · · · · ·		in to		20		ft and	ir	to .		"# S
± W -			WELL WAT	ranielei Ed to i	e liser	1 11 10 1 A S - 5 Pi	iblic water	sunnly	+	8 Air co	ir nditioning 1	1 Injection	well	··" f
	1				3 Feed I	int 6 Oi	I field wate	er supply		9 Dewa	tering 1	2 Other (Sp	ecify bel	ow)
	sw	- SE									itoring well			
	i 1													
▼		 X	Was a chen	nical/bac	teriologic	cal sample si	ubmitted t	o Departn			No X If yes			as
	S		submitted						Wa	iter Well Disi	nfected? Yes X	N	0	
5 TYPE O	F BLANK CAS	SING USED:			5 Wroug	ht Iron	8 Con	crete tile		CASING	JOINTS: Glue	d X C	lamped	
1 Ste			SR)			tos-Cement						led		
2 PV			0.0						-	•	Thre	aded		
[Z PV	C	4 ABS			Fiberg	iass					1186	aueu		
Blank casin	g diameter	8	_ in. to	_80	ft., D	ia	ir	ı. to		ft., Dia	ss or gauge No.	. in. to <u>_</u>		^{π.}
Casing heig	tht above land	surface	18	in.,	weight		.332		b s./ft .	Wall thickne	ss or gauge No.		.594	
TYPE OF S	CREEN OR P													
1 Ste	eel	3 Stainle	ss steel		Fiberg	rlass		RMP (SR)	11	Other (specify)			
2 Bra	ass	4 Galvar	nized steel	(Concr	ete tile	!	ABS		12	None used (op	en hole)		
SCREEN O	R PERFORAT						d wrappe	d		8 Saw cu	ıt	11 None (open hol	e)
1 Co	R PERFORAT	3	Mill slot			5 Gauze 6 Wire v	vrapped			9 Drilled	holes			
1	uvered shutter		Key punche	d		7 Torch	cut			10 Other	(specify)			
1	ERFORATED										ft.			
SCILLIA	LIG OIGHTED	HTTLICTALO.												
•			From			ir. 10	400		II. F	-10111	ft. 1		,	" Z
GR	AVEL PACK	NTERVALS:									ft.			
!			From			ft. to			ft. F	rom		to		
6 GROUT	MATERIAL:	1 Neat o	ement	2 C	ement gr	out	3 B	entonite		4 Other				
											mor	ft. to		
	nearest source									tock pens		andoned wa	ter well	
)		e oi possible (7 Ditorio				storage		well/ Gas w		
1 Septic tank 4 Lateral lines 7 Pit privy 2 Sewer lines 5 Cess pool 8 Sewage lagoo					42	Codil	izer eterace	16 Ot	har /enacify	halow)				
2 Sewer lines 5 C				,, ,,		o Sewaye	agoon	12						
l .	atertight sewer	lines	6 Seepag	e pit		9 Feedyard	3			ticide storag	B ++	non	5	
Direction fro				 .						feet?				
FROM	ТО	CODE		THOLOG	IC LOG		FROM	A TO			PLUGGING II	NTERVALS		
0	2		rface							Loose)		····	***	—— ,
2	4		ess				111	11			ome med s	and w/ca	liche	
4	9		mented s				1			Strks				
9	17		ay & calk				115			Yellow o				
17	24	Ce	mented s	sand			118	12	20	Black sh	ale			
24	45	Cla	ay .											
45	58		e to som	e me	d sd w	/clav								
<u> </u>	 		ks (loos				-							
58	65	Cla		 			 							
65	70		ne sand			······································	+							
70	85		ft sandsi	One			+							
85	90		ne sand	J110			+							
				ho			 							
90	103		ay & calid		1 - 2 1-	om!								
103	111		ne to som	ie me	n 20 (8	41111-	(4) *****	undard (C)			2) plugged : =====	e mu luminalia	ion and	wae
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) 5-22-07 and this record is true to the best of my knowledge and belief. Kansas														
Water Well	Contractor's L	icense No.			554			Water W	Vell R	ecord was co	mpleted on (mo		6-1-07	<i>!</i>
under the b	usiness name	of	W	oofter	Pump	& Well I	nc.		b	y (signature)	Jay Co	WAR		[
INSTR	RUCTIONS: PK	ase fill in blank	s and circle th	e correct	answers.	Send three c	opies to Ka	nsas Dep	artmer	nt of Health an	d Egyironment, B	ureau Wate	er, 1000 S	W
Jackso	on St., Ste. 420,	Topeka, Kansa	s 66612-1367	'. Teleph	one: 913	-296-5545. S	end one to	WATER V	VELL (OWNER and r	etain one for your	records.		