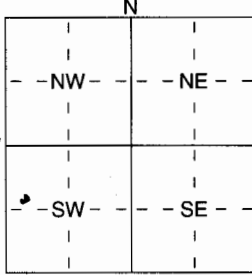


1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: <u>Norton</u>		<u>SW 1/4 NW 1/4 SW 1/4</u>	<u>19</u>	<u>T 1 S</u>	<u>R 21 E/W</u>
Distance and direction from nearest town or city street address of well if located within city? <u>From W. side of Alameda 174 m. N 1 mi W + 2 mi N</u>					
2 WATER WELL OWNER: <u>E. W. Whitney</u>					
RR#, St. Address, Box # : <u>608 Woods Dr.</u>					
City, State, ZIP Code : <u>Norton KS 67654</u>					
Board of Agriculture, Division of Water Resources Application Number:					
3 LOCATE WELL'S LOCATION WITH 4 DEPTH OF COMPLETED WELL <u>120</u> ft. ELEVATION:					
AN "X" IN SECTION BOX:		Depth(s) Groundwater Encountered 1..... ft. 2..... ft. 3..... ft.			
		WELL'S STATIC WATER LEVEL <u>67</u> 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			
		WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well			
		1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)			
		2 Irrigation 4 Industrial 7 Domestic (lawn & garden) 10 Monitoring well.....			
Was a chemical/bacteriological sample submitted to Department? Yes..... No <input checked="" type="checkbox"/> ; If yes, mo/day/yr sample was submitted					
Water Well Disinfected? Yes <input checked="" type="checkbox"/> No					
5 TYPE OF BLANK CASING USED:					
1 Steel 3 RMP (SR)		5 Wrought iron 8 Concrete tile		CASING JOINTS: Glued <input checked="" type="checkbox"/> Clamped.....	
2 PVC 4 ABS		6 Asbestos-Cement 9 Other (specify below)		Welded.....	
		7 Fiberglass		Threaded.....	
Blank casing diameter..... in. to <u>60</u> ft., Dia..... in. to..... ft., Dia..... in. to..... ft.					
Casing height above land surface..... in., weight..... lbs./ft. Wall thickness or gauge No <u>SDR 21</u>					
TYPE OF SCREEN OR PERFORATION MATERIAL:					
1 Steel 3 Stainless Steel 5 Fiberglass 7 PVC 10 Asbestos-Cement		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)		6 Wire wrapped 9 Drilled holes			
2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify)..... ft.					
SCREEN-PERFORATED INTERVALS: From..... ft. to..... ft., From..... ft. to..... ft.					
GRAVEL PACK INTERVALS: From..... ft. to..... ft., From..... ft. to..... ft.					
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other.....					
Grout Intervals: From..... ft. to..... 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		11 Fuel storage 15 Oil well/Gas well			
2 Sewer lines 5 Cess pool 8 Sewage lagoon 12 Fertilizer storage 16 Other (specify below)		13 Insecticide storage		<u>nothing</u>	
3 Watertight sewer lines 6 Seepage pit 9 Feedyard					
Direction from well? How many feet?					
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/year)..... and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's Licence No..... This Water Well Record was completed on (mo/day/yr)..... under the business name of <u>STALDER DRILLING</u> by (signature) <u>Jerry L Stalder</u>					
INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks, underline or circle the correct answers. Send top three copies to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-5522. Send one to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well.					