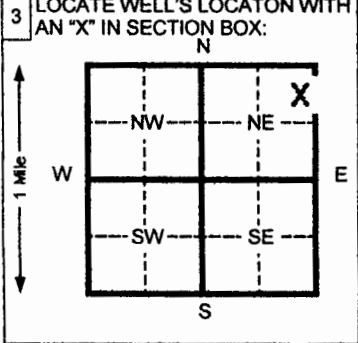


| | | | | |
|---------------------------|----------------------------------|----------------|-----------------|---------------|
| 1 LOCATION OF WATER WELL: | Fraction | Section Number | Township Number | Range Number |
| County: Norton | C E ^{1/s} 2 NE ¼ | 19 | T 1 S | R 24 E |

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

2 WATER WELL OWNER: **Frank Luckert**
 RR#, St. Address, Box # : **Rt 2, Box 7**
 City, State, ZIP Code : **Norton, Ks 67654**

Board of Agriculture, Division of Water Resources
 Application Number: _____



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 **175** ft. and _____ in. to _____ ft.

WELL WATER TO BE USED AS:

| | | | | |
|---------------------------------------|---------------------------------------|---|---|---|
| <input type="checkbox"/> 1 Domestic | <input type="checkbox"/> 3 Feed lot | <input type="checkbox"/> 6 Oil field water supply | <input type="checkbox"/> 8 Air conditioning | <input type="checkbox"/> 11 Injection well |
| <input type="checkbox"/> 2 Irrigation | <input type="checkbox"/> 4 Industrial | <input type="checkbox"/> 7 Lawn and garden (domestic) | <input type="checkbox"/> 9 Dewatering | <input type="checkbox"/> 12 Other (Specify below) |

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:

| | | | | |
|---|-------------------------------------|--|--|--|
| <input type="checkbox"/> 1 Steel | <input type="checkbox"/> 3 RMP (SR) | <input type="checkbox"/> 5 Wrought Iron | <input type="checkbox"/> 8 Concrete tile | CASING JOINTS: Glued <input checked="" type="checkbox"/> Clamped _____ |
| <input checked="" type="checkbox"/> 2 PVC | <input type="checkbox"/> 4 ABS | <input type="checkbox"/> 6 Asbestos-Cement | <input type="checkbox"/> 9 Other (specify below) | Welded _____ |
| | | <input type="checkbox"/> 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:

| | | | | |
|----------------------------------|---|--|---|---|
| <input type="checkbox"/> 1 Steel | <input type="checkbox"/> 3 Stainless steel | <input type="checkbox"/> 5 Fiberglass | <input checked="" type="checkbox"/> 7 PVC | <input type="checkbox"/> 10 Asbestos-cement |
| <input type="checkbox"/> 2 Brass | <input type="checkbox"/> 4 Galvanized steel | <input type="checkbox"/> 6 Concrete tile | <input type="checkbox"/> 8 RMP (SR) | <input type="checkbox"/> 11 Other (specify) |
| | | | <input type="checkbox"/> 9 ABS | <input type="checkbox"/> 12 None used (open hole) |

SCREEN OR PERFORATION OPENINGS ARE:

| | | | | |
|---|--|---|---|--|
| <input type="checkbox"/> 1 Continuous slot | <input type="checkbox"/> 3 Mill slot | <input type="checkbox"/> 5 Gauzed wrapped | <input checked="" type="checkbox"/> 8 Saw cut | <input type="checkbox"/> 11 None (open hole) |
| <input type="checkbox"/> 2 Louvered shutter | <input type="checkbox"/> 4 Key punched | <input type="checkbox"/> 6 Wire wrapped | <input type="checkbox"/> 9 Drilled holes | |
| | | <input type="checkbox"/> 7 Torch cut | <input type="checkbox"/> 10 Other (specify) | |

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

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

| | | | | |
|---|--|--|--|---|
| <input type="checkbox"/> 1 Septic tank | <input type="checkbox"/> 4 Lateral lines | <input type="checkbox"/> 7 Pit privy | <input type="checkbox"/> 10 Livestock pens | <input type="checkbox"/> 14 Abandoned water well |
| <input type="checkbox"/> 2 Sewer lines | <input type="checkbox"/> 5 Cess pool | <input type="checkbox"/> 8 Sewage lagoon | <input type="checkbox"/> 11 Fuel storage | <input type="checkbox"/> 15 Oil well/ Gas well |
| <input type="checkbox"/> 3 Watertight sewer lines | <input type="checkbox"/> 6 Seepage pit | <input type="checkbox"/> 9 Feedyard | <input type="checkbox"/> 12 Fertilizer storage | <input type="checkbox"/> 16 Other (specify below) |

Direction from well? _____ How many feet? _____

| FROM | TO | CODE | LITHOLOGIC LOG | FROM | TO | PLUGGING INTERVALS |
|------|-----|------|---|------|-----|------------------------------|
| 0 | 2 | | Surface | 120 | 124 | Clay & caliche w/sand strks |
| 2 | 15 | | Loess | 124 | 135 | Clay w/caliche lenses |
| 15 | 21 | | Loess | 135 | 140 | Clay |
| 21 | 30 | | Clay w/caliche strks | 140 | 150 | Clay w/caliche & flint strks |
| 30 | 45 | | Clay w/caliche strks | 150 | 165 | Clay w/caliche & flint strks |
| 45 | 60 | | Clay w/caliche strks | 165 | 175 | Yellow ochre |
| 60 | 75 | | Clay & caliche w/flint lenses | | | |
| 75 | 78 | | Clay & caliche w/flint lenses | | | |
| 78 | 90 | | Fine to med sand w/clay & Caliche strks | | | |
| 90 | 93 | | Fine to med sd w/clay & caliche Strks | | | |
| 93 | 105 | | Clay & caliche w/sandstrls | | | |
| 105 | 120 | | 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) **8-12-06** 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) **8-24-06** under the business name of **Woofter Pump & Well Inc.** by (signature) *Jay C. 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 66612-1387. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.