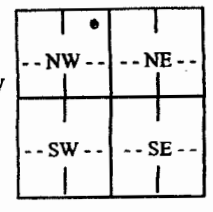


WATER WELL RECORD

Form WWC-5

Division of Water Resources; App. No. [REDACTED]

1 LOCATION OF WATER WELL: County: <u>Norton</u>	Fraction <u>1/4 NE 1/4 NW 1/4</u>	Section Number <u>24</u>	Township Number <u>T 1 S</u>	Range Number <u>R 24 E/W</u>
Distance and direction from nearest town or city street address of well if located within city? <u>6 West, 9 North, 1/4 East of Norton</u>		Global Positioning Systems (decimal degrees, min. of 4 digits) Latitude: _____ Longitude: _____ Elevation: _____ Datum: _____ Data Collection Method: _____		
2 WATER WELL OWNER: <u>Gale Schulze</u> RR#, St. Address, Box # : <u>603 E Main</u> City, State, ZIP Code : <u>Norton, KS 67654</u>				

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: N  W E S	4 DEPTH OF COMPLETED WELL <u>153</u> ft. Depth(s) Groundwater Encountered (1) <u>131</u> ft. (2) _____ ft. (3) _____ ft. WELL'S STATIC WATER LEVEL _____ ft. below land surface measured on mo/day/yr: <u>11-23-17</u> Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm Est. Yield: <u>10</u> 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 _____
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5 TYPE OF CASING USED: 1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) <u>2 PVC</u> 4 ABS 7 Fiberglass	CASING JOINTS: <u>Glued</u> Clamped _____ Welded _____ Threaded _____
Blank casing diameter _____ in. to _____ ft., Diameter _____ in. to _____ ft., Diameter _____ in. to _____ ft. Casing height above land surface <u>3.6</u> in., weight _____ lbs./ft. Wall thickness or gauge No. <u>2.00</u>	
TYPE OF SCREEN OR PERFORATION MATERIAL: 1 Steel 3 Stainless Steel 5 Fiberglass <u>7 PVC</u> 9 ABS 11 Other (Specify) _____ 2 Brass 4 Galvanized Steel 6 Concrete tile 8 RM (SR) 10 Asbestos-Cement 12 None used (open hole)	
SCREEN OR PERFORATION OPENINGS ARE: 1 Continuous slot <u>3 Mill slot</u> 5 Guazed wrapped 7 Torch cut 9 Drilled holes 11 None (open hole) 2 Louvered shutter 4 Key punched 6 Wire wrapped 8 Saw Cut 10 Other (specify) _____	
SCREEN-PERFORATED INTERVALS: From <u>113</u> ft. to <u>153</u> ft., From _____ ft. to _____ ft. From _____ ft. to _____ ft., From _____ ft. to _____ ft.	
GRAVEL PACK INTERVALS: From <u>25</u> ft. to <u>153</u> ft., From _____ ft. to _____ ft. From _____ ft. to _____ ft., From _____ ft. to _____ ft.	

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout <u>3 Bentonite</u> 4 Other _____
Grout Intervals: From <u>0</u> ft. to <u>25</u> 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 <u>10 Livestock pens</u> 13 Insecticide Storage 16 Other (specify below) 2 Sewer lines 5 Cess pool 8 Sewage lagoon 11 Fuel storage 14 Abandoned water well below 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer Storage 15 Oil well/gas well _____
Direction from well? <u>East</u> How many feet? <u>50'</u>

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	3	Black dirt			
3	18	brown clay			
18	40	brown clay sandstone			
40	70	gray clay sandstone			
70	90	gray clay fine sand			
90	110	fine sand			
110	125	fine sand white clay			
125	153	medium sand white clay			
153		fract			

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) 11-23-17, and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 754. This Water Well Recorded was completed on (mo/day/year) 12-12-17. Under the business name of Gallentine Well Service by (signature) Dave Gallentine

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-...