

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: Kingman		SE ¼ SW ¼ SE ¼	27	T 29 S	R 5 EW
Distance and direction from nearest town or city street address of well if located within city? 2 Miles N, ¼ West of East Side of Norwich, Ks					
2 WATER WELL OWNER: RR#, St. Address, Box # : ARRI City, State, ZIP Code : Norwich, Ks		Board of Agriculture, Division of Water Resources Application Number:			
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL: 19' 4" ft. ELEVATION:			
		Depth(s) Groundwater Encountered 1. _____ ft. 2. _____ ft. 3. _____ ft.			
		WELL'S STATIC WATER LEVEL 6' 10" ft. below land surface measured on mo/day/yr 8-22-94			
		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 _____ in. to _____ ft., and _____ in. to _____ ft.			
TYPE OF BLANK CASING USED:		WELL WATER TO BE USED AS:			
1 Steel 3 RMP (SR)		5 Public water supply 8 Air conditioning 11 Injection well			
2 PVC 4 ABS		1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)			
		2 Irrigation 4 Industrial 7 Lawn and garden only 10 Monitoring well			
Blank casing diameter 8" in. to _____ ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.		Was a chemical/bacteriological sample submitted to Department? Yes _____ No X ; If yes, mo/day/yr sample was submitted _____			
Casing height above land surface 36 in., weight _____ lbs./ft. Wall thickness or gauge No. _____		Water Well Disinfected? Yes _____ No _____			
TYPE OF SCREEN OR PERFORATION MATERIAL:		CASING JOINTS: Glued _____ Clamped _____			
1 Steel 3 Stainless steel 5 Fiberglass		Welded _____ Threaded _____			
2 Brass 4 Galvanized steel 6 Concrete tile		7 PVC 10 Asbestos-cement NA			
SCREEN-OR PERFORATION OPENINGS ARE:		11 Other (specify) _____			
1 Continuous slot 3 Mill slot 5 Gauzed wrapped		12 None used (open hole)			
2 Louvered shutter 4 Key punched 6 Wire wrapped					
SCREEN-PERFORATED INTERVALS:		8 Saw cut 11 None (open hole)			
From _____ NA ft. to _____ NA ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.		9 Drilled holes 10 Other (specify) NA			
GRAVEL PACK INTERVALS:					
From _____ ft. to _____ ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.					
6 GROUT MATERIAL:		FROM _____ TO _____ LITHOLOGIC LOG			
1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____		FROM _____ TO _____ PLUGGING INTERVALS			
Grout Intervals: From _____ 6 ft. to _____ 3 ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.		19' 4" 6' 10" Chlorinated Sand			
What is the nearest source of possible contamination:		6' 4" 3' Bentonite			
1 Septic tank 4 Lateral lines 7 Pit privy 10 Livestock pens 14 Abandoned water well		3' 0 Soil			
2 Sewer lines 5 Cess pool 8 Sewage lagoon 11 Fuel storage 15 Oil well/Gas well					
3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer storage 16 Other (specify below)					
Direction from well? West		How many feet? 250'			
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) 8-22-94 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 1500 . This Water Well Record was completed on (mo/day/yr) 8-23-94 by (signature) _____					

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, Topeka, Kansas 66620-7320. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.