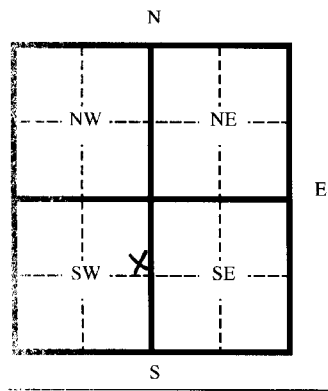


1 LOCATION OF WATER WELL: Fraction	Section Number	Township Number	Range Number
City: Norton SE 1/4 NE 1/4 SW 1/4	34	2	23W

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

2 WATER WELL OWNER: **Greg Engel**
 St. Address, Box # **411 W Lincoln St**
 City, State, ZIP Code : **Norton, KS 67654**
 Board of Agriculture, Division of Water Resources
 Application Number:

3 MARK WELL'S LOCATON WITH AN "X" IN SECTION BOX:



4 DEPTH OF WELL **39** ft.
 WELL'S STATIC WATER LEVEL **Dry** ft.
 WELL WAS USED AS:
 1 Domestic 5 Public Water Supply 9 Dewatering
 2 Irrigation 6 Oil Field Water Supply 10 Monitoring Well
 3 Feedlot 7 Lawn and Garden (domestic) 11 Injection Well
 4 Industrial 8 12 Other _____
 Was a chemical/bacteriological sample submitted to Department? Yes ___ No **X**
 If yes, mo/day/yr sample was submitted _____
 Water Well Disinfected: Yes **X** No _____

5 TYPE OF BLANK CASING USED:
 1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (specify below)
 2 PVC 4 ABC 6 Asbestos-Cement 8 Concrete Tile
 Blank casing diameter **4.5** in. Was casing pulled? Yes ___ No **X** If yes, how much _____

6 Casing height above or below land surface **-36** in.

7 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____
 Grout Plug Intervals From **0** ft. to **39** ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.

8 What is the nearest source of possible contamination:
 1 Septic tank 6 Seepage pit 11 Fuel storage 16 Other (specify below)
 2 Sewer lines 7 Pit privy 12 Fertilizer storage
 3 Watertight sewer lines 8 Sewage lagoon 13 Insecticide storage
 4 Lateral lines 9 Feedyard 14 Abandoned water well
 5 Cess Pool 10 Livestock pens 15 Oil well/ Gas well

Direction from well? _____ How many feet? _____

FROM	TO	CODE	PLUGGING MATERIALS
0	39		Chlorine & hole plug

9 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/yr) **2-12-10** and this record is true to the best of my knowledge and belief. Kansas
 Wafer Well Contractor's License No. **554/783** This Water Well Record was completed on (mo/day/yr) **3-15-10**
 under the business name of **Woofter Pump & Well Inc.**
 by (signature) *Greg Engel*

INSTRUCTIONS: Please fill in blanks and circle the correct answers. Send three copies to Kansas Department of Health and Environment, Bureau of Water, Topeka, Kansas 66620-0001. Telephone: 785-296-3565. Send one to Water Well Owner and retain one for your records.