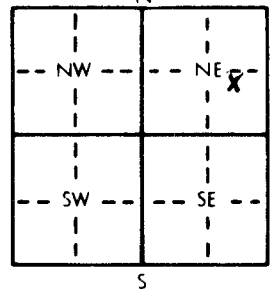


1 LOCATION OF WATER WELL: County: NORTON Fraction: NW 1/4 SE 1/4 NE 1/4 Section Number: 34 Township Number: T 2 S Range Number: R 23 E

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

2 WATER WELL OWNER: Wayne Wilfong RR#, St. Address, Box #: 202 W. HOME City, State, ZIP Code: Norton, KS. Board of Agriculture, Division of Water Resources Application Number: MW 1

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:  4 DEPTH OF COMPLETED WELL: 73.6 ft. ELEVATION: _____ ft. Depth(s) Groundwater Encountered: 1. _____ ft. 2. _____ ft. 3. _____ ft. WELL'S STATIC WATER LEVEL: 59.05 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: _____ in. to _____ ft., and _____ in. to _____ ft. 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 Lawn and garden only Monitoring well 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 CASING USED: 1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) CASING JOINTS: Glued _____ Clamped _____ 2 PVC 4 ABS 7 Fiberglass Threaded _____ Casing diameter: 2 in. to 53.60 ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft. Casing height above land surface: 0 in., weight _____ lbs./ft. Wall thickness or gauge No. _____ TYPE OF SCREEN OR PERFORATION MATERIAL: 1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 10 Asbestos-cement 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 6 Wire wrapped 8 Saw cut 11 None (open hole) 2 Louvered shutter 4 Key punched 7 Torch cut 9 Drilled holes 10 Other (specify) _____ SCREEN-PERFORATED INTERVALS: From 53.60 ft. to 73.60 ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft. GRAVEL PACK INTERVALS: From 51.60 ft. to 73.60 ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other Grout Intervals: From 0 ft. to 1.5 ft. From 1.5 ft. to 49.60 ft. From 49.60 ft. to 51.60 ft. What is the nearest source of possible contamination: 1 Septic tank 4 Lateral lines 7 Pit privy 11 Fuel storage 14 Abandoned water well 2 Sewer lines 5 Cess pool 8 Sewage lagoon 12 Fertilizer storage 15 Oil well/Gas well 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 13 Insecticide storage 16 Other (specify below) _____ Direction from well? _____ How many feet? _____

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
<u>0</u>	<u>5</u>	<u>concrete</u>	<u>50.0</u>	<u>51.0</u>	<u>Clay, med. plasticity, Mod. brown moist, med. stiff</u>
<u>5.0</u>	<u>15.0</u>	<u>(Backfill) sand, medium, poorly sorted, quartz moderate yellowish brown damp.</u>	<u>51.0</u>	<u>60.0</u>	<u>sand, med. poorly sorted sub angular, damp</u>
<u>15.0</u>	<u>25.0</u>	<u>(Backfill material) sand, med. poorly sorted, moderate yellowish brown damp.</u>	<u>60.0</u>	<u>65.0</u>	<u>clay, sand w/clay matrix med. grain, wet</u>
<u>25.0</u>	<u>31.0</u>	<u>silt, some clay low plasticity mod. brown damp.</u>	<u>65.0</u>	<u>73.6</u>	<u>sand, med. poorly graded sub-angular quartz grains moderate wet yellowish brown</u>
<u>31.0</u>	<u>45.0</u>	<u>clay low plasticity some silt mod. brown, moist.</u>			
<u>45.0</u>	<u>50.0</u>	<u>sand, med, some coarse poorly sorted, med yellowish brown damp</u>			

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) 7-1-99 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 438 This Water Well Record was completed on (mo/day/yr) 8/10/99 under the business name of Kansas City Testing & Inc. by (signature) [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 66620-0001. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.