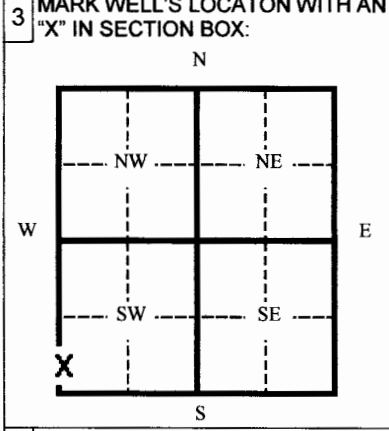


|                           |                       |                |                 |              |
|---------------------------|-----------------------|----------------|-----------------|--------------|
| 1 LOCATION OF WATER WELL: | Fraction              | Section Number | Township Number | Range Number |
| County: <b>Norton</b>     | <b>SW ¼ SW ¼ SW ¼</b> | <b>31</b>      | <b>2</b>        | <b>24w</b>   |

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

2 WATER WELL OWNER: **Randy Knoll**  
 RR#, St. Address, Box # **RR 2 Box 43**  
 City, State, ZIP Code : **Norton, KS 67654**  
 Board of Agriculture, Division of Water Resources  
 Application Number: \_\_\_\_\_



4 DEPTH OF WELL **78** ft.  
 WELL'S STATIC WATER LEVEL **31** ft.  
 WELL WAS USED AS:

|   |                              |                    |
|---|------------------------------|--------------------|
| <input checked="" type="radio"/> 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 Air Conditioning           | 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 \_\_\_\_\_ No  **X**

5 TYPE OF BLANK CASING USED:

|  |            |                   |                 |                         |
|--|------------|-------------------|-----------------|-------------------------|
| 1 Steel                                | 3 RMP (SR) | 5 Wrought         | 7 Fiberglass    | 9 Other (specify below) |
| <input checked="" type="radio"/> 2 PVC | 4 ABC      | 6 Asbestos-Cement | 8 Concrete Tile |                         |

Blank casing diameter **5** in. Was casing pulled? Yes \_\_\_\_\_ No  **X** If yes, how much \_\_\_\_\_  
 Casing height above or below land surface **-5** in.

6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other \_\_\_\_\_  
 Grout Plug Intervals From **31** ft. to **5** ft. From \_\_\_\_\_ ft. to \_\_\_\_\_ ft. From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
 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   | <u>None</u>              |
| 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             |
|-----------|-----------|------|--------------------------------|
| <b>78</b> | <b>31</b> |      | <b>Sand</b>                    |
| <b>31</b> | <b>5</b>  |      | <b>Bentonite - Chlorinated</b> |
| <b>5</b>  | <b>0</b>  |      | <b>Cutoff</b>                  |
|           |           |      |                                |
|           |           |      |                                |
|           |           |      |                                |

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/yr) **12-27-05** 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) **1-24-06** under the business name of **Woofter Pump & Well Inc.**  
 by (signature) *[Signature]*

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 66620-0001. Telephone: 785-296-3565. Send one to Water Well Owner and retain one for your records.