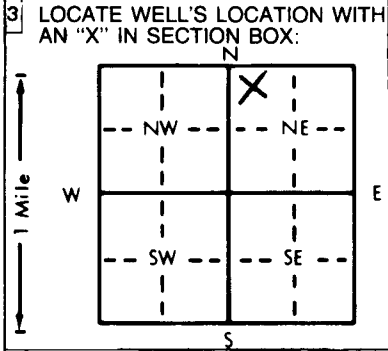


1 LOCATION OF WATER WELL: Fraction NW 1/4 NW 1/4 NE 1/4 Section Number 32 Township Number T 2 S Range Number R 24 **EW**  
 County: **Norton**

Distance and direction from nearest town or city street address of well if located within city?  
**9 miles west, 1 mile north, 1/2 mile east of Norton, Ks.**

2 WATER WELL OWNER: **Mrs. Lowell Foley**  
 RR#, St. Address, Box #: **704 N. 1st** Board of Agriculture, Division of Water Resources  
 City, State, ZIP Code: **Norton, Ks. 67654** Application Number:



4 DEPTH OF COMPLETED WELL: **162** ft. ELEVATION:  
 Depth(s) Groundwater Encountered 1. .... ft. 2. .... ft. 3. .... ft.  
 WELL'S STATIC WATER LEVEL **83** 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 **8** in. to **1.62** 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 10 Monitoring well  
 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: 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued **X** Clamped  
 1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded  
 2 PVC 4 ABS 7 Fiberglass Threaded  
 Blank casing diameter **4.5** in. to **1.07** ft., Dia **4.5** in. to **1.27-1.42** ft., Dia ..... in. to ..... ft.  
 Casing height above land surface **1.8** in., weight **2.38** lbs./ft. Wall thickness or gauge No. **248**  
 TYPE OF SCREEN OR PERFORATION MATERIAL: 7 PVC 10 Asbestos-cement  
 1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 11 Other (specify)  
 2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 12 None used (open hole)  
 SCREEN OR PERFORATION OPENINGS ARE: 5 Gauzed wrapped 8 Saw cut 11 None (open hole)  
 1 Continuous slot 3 Mill slot 6 Wire wrapped 9 Drilled holes  
 2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify)  
 SCREEN-PERFORATED INTERVALS: From **142** ft. to **162** ft., From ..... ft. to ..... ft.  
 From **107** ft. to **127** ft., From ..... ft. to ..... ft.  
 GRAVEL PACK INTERVALS: From **20** ft. to **162** ft., From ..... ft. to ..... 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 **20** ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.  
 What is the nearest source of possible contamination: 10 Livestock pens 14 Abandoned water well  
 1 Septic tank 4 Lateral lines 7 Pit privy 11 Fuel storage 15 Oil well/Gas well  
 2 Sewer lines 5 Cess pool 8 Sewage lagoon 12 Fertilizer storage 16 Other (specify below)  
 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 13 Insecticide storage  
 Direction from well? **North** How many feet? **25'**

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	3	Surface	109	118	Clay w/Fine Sand Layers
3	14	Silty Clay	118	131	Fine Sand w/Clay & Caliche Ly
14	23	Brown Clay	131	139	Sticky Clay
23	45	Soft Tan Clay	139	151	Fine Loose Sand
45	52	Clay & Fine Sand Strks.	151	162	Shale
52	58	Clay & Calcihe Strks.			
58	69	Caliche			
69	73	Caliche & Clay Strks.			
73	77	Sand & Caliche Layers			
77	83	Clay & Caliche			
83	86	Fine Sand			
86	91	Sandy Clay			
91	95	Sandy Clay w/fine sand strks.			
95	101	Clay w/Sand Strks.			
101	109	Med. Sand/fine Clay Layers			

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) **5-7-93** 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) **5-10-93** under the business name of **Woofter Pump & Well, 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.