

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number	
County: Norton		N 1/2 NW 1/4 NW 1/4	36	T 2 S	R 25 E	
Distance and direction from nearest town or city street address of well if located within city?						
2 WATER WELL OWNER: Alan Hale						
RR#, St. Address, Box #: RR 2, Box 23			Board of Agriculture, Division of Water Resources			
City, State, ZIP Code: Norton, Ks 67654			Application Number: 20050238			
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL 218 ft. ELEVATION:				
		Depth(s) Groundwater Encountered 1 _____ ft. 2 _____ ft. 3 _____ ft.				
		WELL'S STATIC WATER LEVEL na 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 225 ft. and _____ in. to _____ ft.				
WELL WATER TO BE USED AS:		5 Public water supply 8 Air conditioning 11 Injection well 1 Domestic 3 Feed lot 6 Oil field water supply 9 Dewatering 12 Other (Specify below) 2 Irrigation 4 Industrial 7 Lawn and garden (domestic) 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 X No _____				
5 TYPE OF BLANK CASING USED:						
1 Steel 3 RMP (SR) 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued X Clamped _____ 2 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded _____ 7 Fiberglass Threaded _____						
Blank casing diameter 4.5 in. to 178 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.						
Casing height above land surface 18 in., weight 2.38 lbs./ft. Wall thickness or gauge No. 248						
TYPE OF SCREEN OR PERFORATION MATERIAL:						
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:						
1 Continuous slot 3 Mill slot 5 Gauzed wrapped 8 Saw cut 11 None (open hole) _____ 2 Louvered shutter 4 Key punched 6 Wire wrapped 9 Drilled holes 10 Other (specify) _____ 7 Torch cut						
SCREEN-PERFORATED INTERVALS: From 178 ft. to 218 ft. From _____ ft. to _____ ft.						
GRAVEL PACK INTERVALS: From 20 ft. to 218 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:						
1 Septic tank 4 Lateral lines 7 Pit privy 10 Livestock pens 14 Abandoned water well 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) none 13 Insecticide storage						
Direction from well? _____ How many feet? _____						
FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	2		Surface	103	130	Fine to some med sand & small grav
2	18		Loess	130	140	Clay
18	21		Clay	140	146	Fine to some med sd w/clay strks
21	40		Sandstone	146	151	Clay w/sand strks
40	43		Caliche	151	175	Clay & caliche
43	50		Sandstone	175	183	Clay w/a few fine sand strks
50	57		Sandstone & fine sand strk	183	190	Clay & caliche
57	67		Clay & caliche	190	196	Clay & sandstone
67	73		Sandstone	196	201	Fine to some med sd w/clay & caliche
73	80		Fine to some med sd w/clay strk	201	215	Sandy clay & caliche w/a few sand-
80	89		Fine sand & sandstone w/clay			Stone strks
			Strks	215	217	Yellow ochre
89	95		Clay	217	220	Filnt
95	103		Fine to some med sand	220	225	Black shale
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/yr) 8-18-05 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) 9-2-05			
under the business name of Woofter Pump & Well Inc.			by (signature) <i>[Signature]</i>			
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 66612-1367. Telephone: 913-298-5545. Send one to WATER WELL OWNER and retain one for your records.						

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