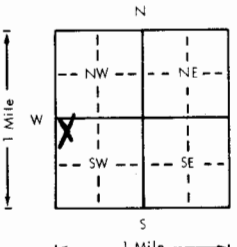


| | | | | | | | |
|---|--|-----------------------|---|---------------------------|--------------------------|----|----------------|
| 1 LOCATION OF WATER WELL | | Fraction | Section Number | Township Number | Range Number | | |
| County: KINGMAN | | NW 1/4 NW 1/4 SW 1/4 | 24 | T 30 S | R 6W E/W | | |
| Distance and direction from nearest town or city? 4 West, 2 3/4 Miles South on West side of road | | | Street address of well if located within city? from Norwich, Kansas Kansas | | | | |
| 2 WATER WELL OWNER: Ray Bolton | | | Norwich, | | | | |
| RR#, St. Address, Box # City, State, ZIP Code | | | Board of Agriculture, Division of Water Resources Application Number: | | | | |
| 3 DEPTH OF COMPLETED WELL: 6.5 ft. Bore Hole Diameter: 11 in. to ft. and in. to ft. | | | | | | | |
| Well Water to be used as: | | | | | | | |
| 1 Domestic | | 3 <u>Feedlot</u> | 6 Oil field water supply | 9 Dewatering | 12 Other (Specify below) | | |
| 2 Irrigation | | 4 Industrial | 7 Lawn and garden only | 10 Observation well | | | |
| Well's static water level: 2.5 ft. below land surface measured on 9 month 14 day 79 year | | | | | | | |
| Pump Test Data: Well water was ft. after hours pumping gpm | | | | | | | |
| Est. Yield gpm: Well water was ft. after hours pumping gpm | | | | | | | |
| 4 TYPE OF BLANK CASING USED: | | | | | | | |
| 1 Steel | | 3 <u>RMP (SR)</u> | 6 Asbestos-Cement | 9 Other (specify below) | Welded | | |
| 2 PVC | | 4 ABS | 7 Fiberglass | | Threaded | | |
| Blank casing dia 5 in. to 25 ft., Dia in. to ft., Dia in. to ft. | | | | | | | |
| Casing height above land surface: 12 in., weight lbs./ft. Wall thickness or gauge No. 200 | | | | | | | |
| TYPE OF SCREEN OR PERFORATION MATERIAL: | | | | | | | |
| 1 Steel | | 3 Stainless steel | 5 Fiberglass | 8 <u>RMP (SR)</u> | 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 <u>Saw cut</u> | 11 None (open hole) | | |
| 2 Louvered shutter | | 4 Key punched | 6 Wire wrapped | 9 Drilled holes | | | |
| | | | 7 Torch cut | 10 Other (specify) | | | |
| Screen-Perforation Dia 5 in. to 65 ft., Dia in. to ft., Dia in. to ft. | | | | | | | |
| Screen-Perforated Intervals: From 25 ft. to 65 ft., From ft. to ft., From ft. to ft. | | | | | | | |
| Gravel Pack Intervals: From 10 ft. to 65 ft., From ft. to ft., From ft. to ft. | | | | | | | |
| 5 GROUT MATERIAL: | | | | | | | |
| 1 Neat cement | | 2 <u>Cement grout</u> | 3 Bentonite | 4 Other | | | |
| Grouted Intervals: From 0 ft. to 10 ft., From ft. to ft., From ft. to ft. | | | | | | | |
| What is the nearest source of possible contamination: | | | | | | | |
| 1 Septic tank | | 4 Cess pool | 7 Sewage lagoon | 11 Fertilizer storage | 15 Oil well/Gas well | | |
| 2 Sewer lines | | 5 Seepage pit | 8 Feed yard | 12 Insecticide storage | 16 Other (specify below) | | |
| 3 Lateral lines | | 6 Pit privy | 9 Livestock pens | 13 Watertight sewer lines | | | |
| Direction from well: West How many feet: 50 ? Water Well Disinfected? Yes <u>X</u> No | | | | | | | |
| Was a chemical/bacteriological sample submitted to Department? Yes No <u>X</u> If yes, date sample was submitted month day year: Pump Installed? Yes No <u>X</u> | | | | | | | |
| If Yes: Pump Manufacturer's name Model No. HP Volts | | | | | | | |
| Depth of Pump Intake ft. Pumps Capacity rated at gal./min. | | | | | | | |
| Type of pump: 1 Submersible 2 Turbine 3 Jet 4 Centrifugal 5 Reciprocating 6 Other | | | | | | | |
| 6 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) <u>constructed</u> , (2) reconstructed, or (3) plugged under my jurisdiction and was completed on 9 month 14 day 1979 year | | | | | | | |
| and this record is to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 236 | | | | | | | |
| This Water Well Record was completed on 11 month 19 day 1979 year under the business name of Harp Well & Pump Service, Inc. by (signature) M. Arnold | | | | | | | |
| 7 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: | | FROM | TO | LITHOLOGIC LOG | FROM | TO | LITHOLOGIC LOG |
|  | | 0 | 2 | Topsoil | | | |
| | | 2 | 24 | Brown Clay | | | |
| | | 24 | 34 | Fine Sand | | | |
| | | 34 | 65 | Red Shale | | | |
| ELEVATION: | | | | | | | |
| Depth(s) Groundwater Encountered 1... 2.5 ft. 2... ft. 3... ft. 4... ft. (Use a second sheet if needed) | | | | | | | |
| 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, Division of Environment, Water Well Contractors, Topeka, KS 66620. Send one to WATER WELL OWNER and retain one for your records. | | | | | | | |

OFFICE USE ONLY

T

30

R

6

20

SEC.

24

NW

NW

1/4 SW

1/4