

1 LOCATION OF WATER WELL: Fraction SW 1/4 SW 1/4 NW 1/4 Section Number 12 Township Number T 33 S Range Number R 39 EW
 County: STEVENS

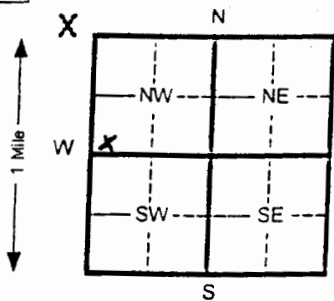
Distance and direction from nearest town or city street address of well if located within city?

West of Hugoton on "P" Road 9 miles to Road "3" - 3/4 mile North

2 WATER WELL OWNER: Garry Norton
 RR#, St. Address, Box #: HC-01 Box 49-B
 City, State, ZIP Code: HUGOTON, KS. 67951

Board of Agriculture, Division of Water Resources
 Application Number:

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:



4 DEPTH OF COMPLETED WELL

400 ft. ELEVATION:

Depth(s) Groundwater Encountered 1 _____ ft. 2 _____ ft. 3 _____ ft.

WELL'S STATIC WATER LEVEL 180 ft. below land surface measured on mo/day/yr 3-25-08

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 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 ☒ If yes, mo/day/yr sample was submitted _____

Water Well Disinfected? Yes ☒ No ☐

5 TYPE OF BLANK CASING USED:

5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued ☐ Clamped ☐

Steel 3 RMP (SR)

6 Asbestos-Cement 9 Other (specify below) Welded ☐

2 PVC 4 ABS 7 Fiberglass Threaded ☐

Blank casing diameter 1.6 in. to _____ ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft.

Casing height above land surface _____ in., weight _____ lbs./ft. Wall thickness or gauge No. _____

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 _____ ft. to _____ ft. From _____ ft. to _____ ft.

From _____ ft. to _____ ft. From _____ ft. to _____ ft.

GRAVEL PACK INTERVALS: From _____ ft. to _____ 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 _____ ft. to _____ 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)

Direction from well?

How many feet?

FROM TO CODE LITHOLOGIC LOG FROM TO PLUGGING INTERVALS

400 160 Gravel Fill
160 150 Bentonite Plug
150 15 Compacted Fill
15 4 Cement Plug

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) 3-27-08 and this record is true to the best of my knowledge and belief. Kansas

Water Well Contractor's License No. 473 This Water Well Record was completed on (mo/day/yr) 3-27-08

under the business name of Tyler Water Well Serv by (signature) Paul J. [Signature]

INSTRUCTIONS: Please fill in blanks and circle the correct answers. Send 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.

OFFICE USE ONLY

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