

1 LOCATION OF WATER WELL:		Fraction <b>SE ¼ NW ¼ NE ¼</b>		Section Number <b>3</b>	Township Number <b>T 3 S</b>	Range Number <b>R 23</b>	<b>EW</b>
County: <b>NORTON</b>							
Distance and direction from nearest town or city street address of well if located within city?							
2 WATER WELL OWNER: <b>David Hare</b>							
RR#, St. Address, Box #				Board of Agriculture, Division of Water Resources			
City, State, ZIP Code: <b>Norcat, Ks 67653</b>				Application Number:			
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL <b>215</b> ft. ELEVATION:					
		Depth(s) Groundwater Encountered 1 _____ ft. 2 _____ ft. 3 _____ ft.					
		WELL'S STATIC WATER LEVEL <b>na</b> 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 <b>8</b> in. to <b>215</b> 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 <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, mo/day/yr sample was submitted							
Water Well Disinfected? Yes <input checked="" type="checkbox"/> No							
5 TYPE OF BLANK CASING USED:							
1 Steel 3 RMP (SR) 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued <input checked="" type="checkbox"/> Clamped							
2 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded							
7 Fiberglass Threaded							
Blank casing diameter <b>4.5</b> in. to <b>175</b> ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft.							
Casing height above land surface <b>18</b> in., weight <b>2.38</b> lbs./ft. Wall thickness or gauge No. <b>.248</b>							
TYPE OF SCREEN OR PERFORATION MATERIAL:							
1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 10 Asbestos-cement							
2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 11 Other (specify)							
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							
7 Torch cut 10 Other (specify)							
SCREEN-PERFORATED INTERVALS: From <b>175</b> ft. to <b>215</b> ft. From _____ ft. to _____ ft.							
GRAVEL PACK INTERVALS: From <b>20</b> ft. to <b>215</b> ft. From _____ ft. to _____ ft.							
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other							
Grout Intervals From <b>0</b> ft. to <b>20</b> 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)							
13 Insecticide storage <b>none</b>							
Direction from well? _____ How many feet? _____							
FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS	
0	2		Surface	173	190	Fine to some med sand w/lots of clay	
2	30		Loess			w/caliche strk	
30	35		Clay & caliche	190	215	Fine sd w/sandy clay & caliche	
35	62		Sandstone & caliche	215		Flint	
62	76		Fine sand w/caliche lens				
76	86		Clay & caliche				
86	94		Fine sand w/clay strk				
94	101		Sandy clay w/soft sandstone str				
101	112		Fine to med sand				
112	131		Clay w/caliche lens				
131	154		Fine sand w/clay strk				
154	164		Clay & caliche				
164	173		Fine to some med sand w/clay lens				
7 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 (mo/day/yr) <b>9-16-04</b> and this record is true to the best of my knowledge and belief. Kansas							
Water Well Contractor's License No. <b>554</b> This Water Well Record was completed on (mo/day/yr) <b>10-15-04</b>							
under the business name of <b>Woofter Pump &amp; Well Inc.</b> by (signature) <i>Gayle Woofter</i>							
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.							

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