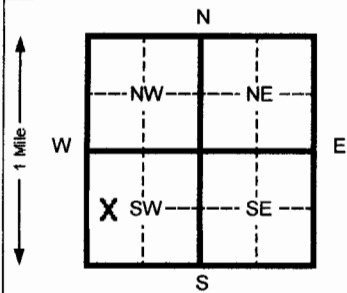


1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: Norton	NW ¼ SW ¼ SW ¼	33	T 3 S	R 23 E/W

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

2 WATER WELL OWNER: **# 2 Harting**
 RR#, St. Address, Box # : **Rt 3, Box 67**
 City, State, ZIP Code : **Norton, Ks 67654**
 Board of Agriculture, Division of Water Resources
 Application Number: **20060098**

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



4 DEPTH OF COMPLETED WELL **235** 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 **290** ft. and _____ in. to _____ ft.

WELL WATER TO BE USED AS: Public water supply Air conditioning Injection well
 Domestic Feed lot Oil field water supply Dewatering Other (Specify below)

Irrigation Industrial Lawn and garden (domestic) 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:

1 Steel	3 RMP (SR)	5 Wrought Iron	8 Concrete tile	CASING JOINTS: Glued <input checked="" type="checkbox"/> Clamped _____
<input checked="" type="checkbox"/> 2 PVC	4 ABS	6 Asbestos-Cement	9 Other (specify below)	Welded _____
		7 Fiberglass		Threaded _____

Blank casing diameter **4.5** in. to **215** 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)	10 Asbestos-cement
<input checked="" type="checkbox"/> 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	<input checked="" type="checkbox"/> 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 **215** ft. to **235** ft. From _____ ft. to _____ ft.

GRAVEL PACK INTERVALS: From **20** ft. to **235** 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)
			13 Insecticide storage	none

Direction from well? _____ How many feet? _____

FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	2		Surface	174	182	Sandy clay w/caliche lens
2	15		Loess	182	200	Clay & caliche w/sandstone strk
15	32		Clay	200	207	Fine to some med sand w/clay lens
32	45		Sandstone	207	245	Clay
45	60		Clay & caliche	245	251	Clay w/a few sand strk
60	81		Fine sand w/sand stone lens	251	290	Clay w/sand clay lens
81	100		Sandstone & caliche			
100	114		Caliche & clay			
114	125		Clay & caliche			
125	140		Clay & caliche w/fine sand strk			
140	154		Fine sand w/clay & caliche lens			
154	168		Clay & caliche w/fine sand strk			
168	174		Fine to some med sand w/clay & caliche			

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) **3-14-06** 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) **3-31-06** under the business name of **Woofter Pump & Well Inc.** by (signature) *Jerry L. Woofter*

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: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.

OFFICE USE ONLY

T

R

SEC