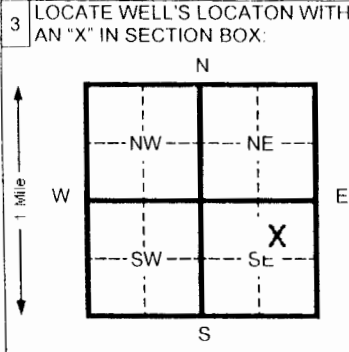


1 LOCATION OF WATER WELL: Fraction **SW NE SE** Section Number **32** Township Number **T 3 S** Range Number **R 23 EW**  
 County: **Norton**  
 Distance and direction from nearest town or city street address of well if located within city?

2 WATER WELL OWNER: **Steve Persinger**  
 RR#, St. Address, Box #: **24610 Hwy 283** Board of Agriculture, Division of Water Resources  
 City, State, ZIP Code: **Edmond, Ks 67645** Application Number:



4 DEPTH OF COMPLETED WELL **220** 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 **340** 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: 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued  X Clamped  
 1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded \_\_\_\_\_  
 2 PVC 4 ABS 7 Fiberglass Threaded \_\_\_\_\_  
 Blank casing diameter **4.5** in. to **160** 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: 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: 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 **160** ft. to **220** ft. From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
 From \_\_\_\_\_ ft. to \_\_\_\_\_ ft. From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
 GRAVEL PACK INTERVALS: From **20** ft. to **220** 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 **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	200	260	Clay & joint clay w/caliche lenses
2	23		Loess	260	275	Clay & caliche w/fine sand lenses
23	67		Clay w/caliche lenses	275	280	Joint clay w/caliche strks & sand
67	91		Sandstone w/sand lenses & Caliche strks	280	325	Stone lenses
91	105		Caliche & clay w/sandstone str	325	340	Joint clay w/clay strks
105	117		Fine sand w/clay & caliche strks			Black Shale
117	123		Caliche & clay w/fine sand strks			
123	142		Clay w/caliche lenses			
142	155		Fine sand w/sandstone strks & Clay & caliche lenses			
155	163		Clay & caliche w/fine sand strks			
163	171		Fine sand w/clay & caliche strks			
171	200		Clay & caliche w/sand lenses			

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) **9/26/08** 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) **9/30/08**  
 under the business name of **Woofter Pump & Well Inc.** by (signature) *Jerry C. 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.