

1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number		
County: Norton	SE ¼ SE ¼ SW ¼	36	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: Harting Farm Inc.						
RR#, St. Address, Box # : 1881 US HWY 283		Board of Agriculture, Division of Water Resources				
City, State, ZIP Code : Norton, KS 67654		Application Number:				
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: 	4 DEPTH OF COMPLETED WELL 180 ft. ELEVATION: _____					
	Depth(s) Groundwater Encountered 1 _____ ft. 2 _____ ft. 3 _____ ft.					
	WELL'S STATIC WATER LEVEL 136 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 180 ft. and _____ in. to _____ ft. WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well <input checked="" type="checkbox"/> 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 <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 <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 140 in. 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 2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 11 Other (specify) _____ 12 None used (open hole) SCREEN OR PERFORATION OPENINGS ARE: 5 Gauzed wrapped <input checked="" type="checkbox"/> 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 140 ft. to 180 ft. From _____ ft. to _____ ft.						
GRAVEL PACK INTERVALS: From 20 ft. to 180 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	110	140	Fine sand w/sandstone lenses & Caliche lenses
2	10		Loess			
10	20		Fine sand w/caliche lenses	140	173	Fine sand w/caliche lenses
20	30		Fine sand w/clay & traces of Caliche	173	180	Yellow ochre/black shale
30	40		Fine sand & sandstone w/ Caliche strks			
40	56		Clay & caliche w/sand & Sandstone strks			
56	65		Fine sand w/clay & caliche lens			
65	73		Fine & med sand			
73	80		Fine sand w/clay & caliche lens			
80	110		Fine sand w/sandstone strks & Clay lenses			
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <input checked="" type="checkbox"/> constructed, <input type="checkbox"/> reconstructed, or <input type="checkbox"/> plugged under my jurisdiction and was completed on (mo/day/yr) 1/20/09 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 783 This Water Well Record was completed on (mo/day/yr) 1-30-09 under the business name of Woofter Pump & Well Inc. by (signature) <i>[Signature]</i>						
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.						

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