

1 LOCATION OF WATER WELL: County: <b>Norton</b>	Fraction <b>SE</b> 1/4 <b>SE</b> 1/4 <b>SE</b> 1/4	Section Number <b>36</b>	Township Number T <b>3</b> S	Range Number R <b>25</b> <b>W</b>
--	---	-----------------------------	---------------------------------	--------------------------------------

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

2 WATER WELL OWNER: <b>Elden Ambrosier</b> RR#, St. Address, Box # : <b>Rt. 3 Box 68</b> City, State, ZIP Code : <b>Norton, Ks. 67654</b>	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: <b>187</b> ft. ELEVATION: ..... ft.
--	--

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

WELL'S STATIC WATER LEVEL **127** 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 **187** ft., and ..... in. to ..... ft.

WELL WATER TO BE USED AS:

5 Public water supply	8 Air conditioning	11 Injection well
1 Domestic	3 Feedlot	6 Oil field water supply
2 Irrigation	4 Industrial	7 Lawn and garden only
		10 Monitoring well
		12 Other (Specify below)

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 <b>X</b> 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 **147** 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
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 **147** ft. to **187** ft., From ..... ft. to ..... ft.

GRAVEL PACK INTERVALS: From **20** ft. to **187** 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: **None**

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	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	3	Surface			
3	16	Loess			
16	37	Fine Tight Sand w/Clay Strks.			
37	54	Cem. Sand w/Clay Strks & Caliche			
54	71	Clay, Caliche & Sand Strks.			
71	75	Fine Tight Sand w/Clay Strks.			
75	86	Cem. Sand w/Clay Strks.			
86	105	Sandy Clay w/Cem. Strks.			
105	130	Tight Fine Sand w/Clay Strks.			
130	151	Sandy Clay w/Sand Strks.			
151	158	Fine to Med. Sand w/Clay Strks.			
158	166	Sandy Clay			
166	184	Sandy Clay w/Sand Strks.			
184	187	Flint			

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/year) <b>8-6-96</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>8-6-96</b> under the business name of <b>Woofter Pump &amp; Well, Inc.</b> by (signature) <b>Aug Ce Woofter</b>
---

INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks, underline or circle the correct answers. Send top 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.