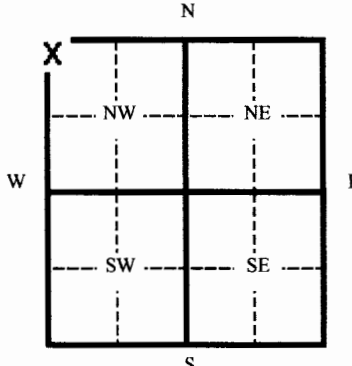


1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: <b>Norton</b>	<b>NW 1/4 NW 1/4 NW 1/4</b>	<b>6</b>	<b>3</b>	<b>25w</b>

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

2 WATER WELL OWNER: **C. Nelsen**  
 RR#, St. Address, Box # **Hwy 36** Board of Agriculture, Division of Water Resources  
 City, State, ZIP Code : **Norton, KS 67654** Application Number:

3 MARK WELL'S LOCATON WITH AN "X" IN SECTION BOX:



4 DEPTH OF WELL **160** ft.  
 WELL'S STATIC WATER LEVEL **135** ft.  
 WELL WAS USED AS:

<input checked="" type="radio"/> 1 Domestic	5 Public Water Supply	9 Dewatering
<input type="radio"/> 2 Irrigation	6 Oil Field Water Supply	10 Monitoring Well
<input type="radio"/> 3 Feedlot	7 Lawn and Garden (domestic)	11 Injection Well
<input type="radio"/> 4 Industrial	8 Air Conditioning	12 Other

Was a chemical/bacteriological sample submitted to Department? Yes \_\_\_ No  **X**  
 If yes, mo/day/yr sample was submitted \_\_\_\_\_  
 Water Well Disinfected: Yes \_\_\_ No  **X**

5 TYPE OF BLANK CASING USED:

<input type="radio"/> 1 Steel	<input type="radio"/> 3 RMP (SR)	<input type="radio"/> 5 Wrought	<input type="radio"/> 7 Fiberglass	<input type="radio"/> 9 Other (specify below)
<input checked="" type="radio"/> 2 PVC	<input type="radio"/> 4 ABC	<input type="radio"/> 6 Asbestos-Cement	<input type="radio"/> 8 Concrete Tile	

Blank casing diameter **5** in. Was casing pulled? Yes \_\_\_ No  **X** If yes, how much \_\_\_\_\_  
 Casing height above or below land surface **0** in.

6 GROUT PLUG MATERIAL:  1 Neat cement  2 Cement grout  3 Bentonite  4 Other \_\_\_\_\_

Grout Plug Intervals From **20** ft. to **0** ft. From \_\_\_\_\_ ft. to \_\_\_\_\_ ft. From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

What is the nearest source of possible contamination:

<input type="checkbox"/> 1 Septic tank	<input type="checkbox"/> 6 Seepage pit	<input type="checkbox"/> 11 Fuel storage	<input type="checkbox"/> 16 Other (specify below)
<input type="checkbox"/> 2 Sewer lines	<input type="checkbox"/> 7 Pit privy	<input type="checkbox"/> 12 Fertilizer storage	<b>NONE</b>
<input type="checkbox"/> 3 Watertight sewer lines	<input type="checkbox"/> 8 Sewage lagoon	<input type="checkbox"/> 13 Insecticide storage	
<input type="checkbox"/> 4 Lateral lines	<input type="checkbox"/> 9 Feedyard	<input type="checkbox"/> 14 Abandoned water well	
<input type="checkbox"/> 5 Cess Pool	<input type="checkbox"/> 10 Livestock pens	<input type="checkbox"/> 15 Oil well/ Gas well	

Direction from well? \_\_\_\_\_ How many feet? \_\_\_\_\_

FROM	TO	CODE	PLUGGING MATERIALS
<b>160</b>	<b>135</b>		<b>Sand - Chlorinated</b>
<b>135</b>	<b>20</b>		<b>Clay</b>
<b>20</b>	<b>0</b>		<b>Bentonite</b>

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/yr) **1-25-06** 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) **1-26-06** under the business name of **Woofter Pump & Well Inc.** by (signature) *Jay 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 66620-0001. Telephone: 785-296-3565. Send one to Water Well Owner and retain one for your records.