

1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: Norton	<i>nw 1/4 nw 1/4 NW 1/4</i>	2	3	25 W

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

2 WATER WELL OWNER: **Veneitta Miller Trust**
 RR#, St. Address, Box # _____
 City, State, ZIP Code : *Norton, KS 67154* Board of Agriculture, Division of Water Resources
 Application Number: _____

3 MARK WELL'S LOCATON WITH AN "X" IN SECTION BOX:	4 DEPTH OF WELL	104 ft.
	WELL'S STATIC WATER LEVEL	dry ft.

N

X		
NW		NE
SW		SE

S

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

If yes, mo/day/yr sample was submitted _____

Water Well Disinfected: Yes _____ No _____

5 TYPE OF BLANK CASING USED:

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

Blank casing diameter *4* in. Was casing pulled? Yes _____ No 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 *16* 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	
<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
104	16		clay
16	0		bentonite

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/yr) **2-15-06** 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) **3-3-06** under the business name of **Woofter Pump & Well Inc.** by (signature) *[Signature]*

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.