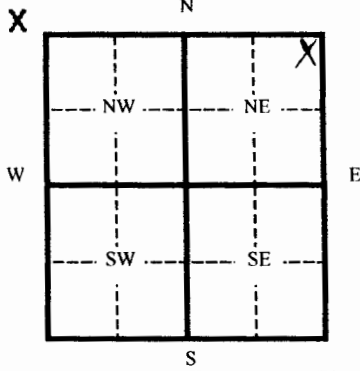


1 LOCATION OF WATER WELL: Fraction	Section Number	Township Number	Range Number
County: Norton NE 1/4 NE 1/4 NE 1/4	3	3	25 W

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

2 WATER WELL OWNER: **David Hare**
 RR#, St. Address, Box # _____
 City, State, ZIP Code : **Norcaton, KS 67653**
 Board of Agriculture, Division of Water Resources
 Application Number: _____

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



4 DEPTH OF WELL **140** ft.
 WELL'S STATIC WATER LEVEL **84** ft.
 WELL WAS USED AS:
 Domestic 5 Public Water Supply 9 Dewatering
 Irrigation 6 Oil Field Water Supply 10 Monitoring Well
 Feedlot 7 Lawn and Garden (domestic) 11 Injection Well
 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 _____

5 TYPE OF BLANK CASING USED:
 1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (specify below)
 PVC 4 ABC 6 Asbestos-Cement 8 Concrete Tile
 Blank casing diameter **4** 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 **84** ft. to **0** ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.
 What is the nearest source of possible contamination:
 1 Septic tank 6 Seepage pit 11 Fuel storage 16 Other (specify below)
 2 Sewer lines 7 Pit privy 12 Fertilizer storage
 3 Watertight sewer lines 8 Sewage lagoon 13 Insecticide storage
 4 Lateral lines 9 Feedyard 14 Abandoned water well
 5 Cess Pool 10 Livestock pens 15 Oil well/ Gas well
 Direction from well? _____ How many feet? _____

FROM	TO	CODE	PLUGGING MATERIALS
140	84		Sand (pulled pump)
84	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) _____

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.