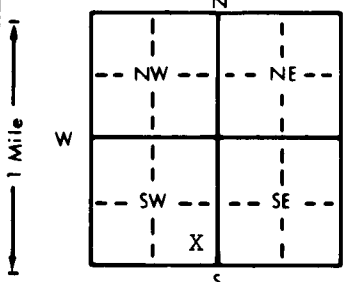


1 LOCATION OF WATER WELL: County: <u>NORTON</u>		Fraction <u>SE 1/4 SE 1/4 SW 1/4</u>		Section Number <u>5</u>	Township Number <u>T 4 S</u>	Range Number <u>R 22 E/W</u>																																																																																																
Distance and direction from nearest town or city street address of well if located within city? <u>7 miles South and 3 miles East of Norton KS</u>																																																																																																						
2 WATER WELL OWNER: RR#, St. Address, Box # : City, State, ZIP Code : <u>JOHN HILDEBRAND</u> <u>RT 3</u> <u>NORTON KS 67654</u>		Board of Agriculture, Division of Water Resources Application Number: _____																																																																																																				
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: <div style="text-align: center;"></div>		4 DEPTH OF COMPLETED WELL: <u>175</u> ft. ELEVATION: _____ ft. Depth(s) Groundwater Encountered 1. <u>120</u> ft. 2. _____ ft. 3. _____ ft. WELL'S STATIC WATER LEVEL: <u>120</u> ft. below land surface measured on mo/day/yr <u>9-30-97</u> Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm Est. Yield <u>20-30</u> gpm: Well water was _____ ft. after _____ hours pumping _____ gpm Bore Hole Diameter <u>10</u> in. to <u>175</u> 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"/> Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below) _____ 2 Irrigation 4 Industrial 7 Lawn and garden only 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 _____ No <input checked="" type="checkbox"/>																																																																																																				
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"/> PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) _____ Welded _____ Blank casing diameter <u>5</u> in. to <u>135</u> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft. Casing height above land surface <u>18</u> in., weight <u>200</u> lbs./ft. Wall thickness or gauge No. _____ TYPE OF SCREEN OR PERFORATION MATERIAL: <input checked="" type="checkbox"/> PVC 10 Asbestos-cement 1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 11 Other (specify) _____ 2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 12 None used (open hole) _____ SCREEN OR PERFORATION OPENINGS ARE: 5 Gauzed wrapped 8 Saw cut 11 None (open hole) 1 Continuous slot <input checked="" type="checkbox"/> Mill slot 6 Wire wrapped 9 Drilled holes 2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify) _____ SCREEN-PERFORATED INTERVALS: From <u>135</u> ft. to <u>175</u> ft., From _____ ft. to _____ ft. From _____ ft. to _____ ft., From _____ ft. to _____ ft. GRAVEL PACK INTERVALS: From <u>80</u> ft. to <u>175</u> ft., From _____ ft. to _____ ft. From _____ ft. to _____ ft., From _____ ft. to _____ ft.																																																																																																						
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout <input checked="" type="checkbox"/> Bentonite 4 Other _____ Grout Intervals: From <u>0</u> ft. to <u>30</u> 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 _____ Direction from well? _____ How many feet? _____																																																																																																						
<table border="1" style="width:100%; border-collapse: collapse;"><thead><tr><th>FROM</th><th>TO</th><th>LITHOLOGIC LOG</th><th>FROM</th><th>TO</th><th>PLUGGING INTERVALS</th></tr></thead><tbody><tr><td>0</td><td>10</td><td>SURFACE CLAY</td><td></td><td></td><td></td></tr><tr><td>10</td><td>35</td><td>HARD WHITE LIMESTONE</td><td></td><td></td><td></td></tr><tr><td>35</td><td>60</td><td>HARD YELLOW CLAY</td><td></td><td></td><td></td></tr><tr><td>60</td><td>85</td><td>HARD WHITE LIMESTONE</td><td></td><td></td><td></td></tr><tr><td>85</td><td>100</td><td>HARD GREEN CLAY</td><td></td><td></td><td></td></tr><tr><td>100</td><td>120</td><td>HARD LIMESTONE</td><td></td><td></td><td></td></tr><tr><td>120</td><td>130</td><td>MED SAND</td><td></td><td></td><td></td></tr><tr><td>130</td><td>140</td><td>MED TO FINE SAND</td><td></td><td></td><td></td></tr><tr><td>140</td><td>150</td><td>HARD LIMESTONE</td><td></td><td></td><td></td></tr><tr><td>150</td><td>160</td><td>HARD GRAY CLAY</td><td></td><td></td><td></td></tr><tr><td>160</td><td>170</td><td>HARD GREEN CLAY</td><td></td><td></td><td></td></tr><tr><td>170</td><td>175</td><td>REDDISH HARD CLAY CLAY OR SHALE</td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></tbody></table>							FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS	0	10	SURFACE CLAY				10	35	HARD WHITE LIMESTONE				35	60	HARD YELLOW CLAY				60	85	HARD WHITE LIMESTONE				85	100	HARD GREEN CLAY				100	120	HARD LIMESTONE				120	130	MED SAND				130	140	MED TO FINE SAND				140	150	HARD LIMESTONE				150	160	HARD GRAY CLAY				160	170	HARD GREEN CLAY				170	175	REDDISH HARD CLAY CLAY OR SHALE																					
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7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <input checked="" type="checkbox"/> constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) <u>9-30-97</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>444</u> This Water Well Record was completed on (mo/day/yr) <u>9-30-97</u> under the business name of <u>ANDY ANDERSON DRILLING</u> by (signature) <u>Andy Anderson</u>																																																																																																						
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.																																																																																																						