WATE	R WELL	RECORD		Form WWC-5	,	Division	of Water	Resources;	App. No.	,			
1 LOC	ATION O	F WATER WEL	L: Fr	action			ımber			Range Number			
Coun	ty: /Vo/	ton		W1/4 SE 1/4 SE	1 :6 0	18	44	T 4/		R 23 EW			
locate	County: Norton NW1/4 SE 1/4 SE Distance and direction from nearest town or city street address of well it located within city?						Global Positioning Systems (decimal degrees, min. of 4 digits)						
5/2 North 3 East of Lenora						Latitude: 39° 42′ 33,9 ° N Longitude: 99° 56′ 53,9 ° W							
2 WATER WELL OWNER: Caia Rouner						Elevation:							
RR#, St. Address, Box # : 1010 west Avenue						Datum:							
City, State, ZIP Code : Nacton K (. 7654													
City, State, ZIP Code : Norton, KS. 67654 3 LOCATE WELL'S 4 DEPTH OF COMPLETED WELL							ft.						
LOC	LOCATION												
	WITH AN "X" IN Depth(s) Groundwater Encountered (1)												
SEC	WITH AN "X" IN SECTION BOX: N Depth(s) Groundwater Encountered (1)												
	Pump test data: Well water was ft. after hours pumping gpm Est. Yield gpm: Well water was ft. after hours pumping gpm												
	WELL WATER TO BE LICED AC. 5 Public system symple. 9 Air conditioning. 11 Injection systl.												
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 9 Dewatering 12 Other (Specify below)													
"	2 Irrigation 4 Industrial 7 Domestic (lawn & garden) 10 Monitoring well												
sw	SWSE Was a shamical/hasterial original sample submitted to Department? Ves No. 1 : If yes mo/day/yers												
was a chemical bacteriological sample submitted to Department: 1 es No, 11 yes, morday/yis													
Sample was submitted													
S CAMPINE OF CAMPINE VICED AND A SAME AND A													
5 TYPE	5 TYPE OF CASING USED: 5 Wrought Iron 8 Concrete tile CASING JOINTS: GluedX Clamped 1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) 7 Fiberglage 7 Fiberglage 7 Fiberglage												
1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded													
Blank casing diameter													
Casing height above land surface													
TYPE OF SCREEN OR PERFORATION MATERIAL:													
1 Steel 3 Stainless Steel 5 Fiberglass 7 PVC 9 ABS 11 Other (Specify)													
2 Brass 4 Galvanized Steal 6 Concrete tile 8 RM (SR) 10 Asbestos-Cement 12 None used (open hole) SCREEN OR PERFORATION OPENINGS ARE:													
1 Continuous slot 3 Mill slot 5 Gauzed wrapped 7 Torch cut 9 Drilled holes 11 None (open hole)													
2 Louvered shutter 4 Key punched 6 Wire wrapped 8 Saw cut 10 Other (specify) SCREEN-PERFORATED INTERVALS: From ft. to ft.													
From													
From													
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other													
Grout Intervals: From													
What is the nearest source of possible contamination: 1 Septic tank 4 Lateral lines 7 Pit privy 10 Livestock pens 13 Insecticide storage 16 Other (specify													
	Septic tank		Lateral lines 7 Pi					ecticide sto		16 Other (specify below)			
2 Sewer lines 5 Cess pool 8 Sewage lagoon 11 Fuel storage 14 Abandoned water well below) 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer storage 15 Qil well/gas well													
Direction from well? North welf How many feet?													
FROM	TO		ITHOLOGIC LO		FROM			PLUGO	GING INT	ERVALS			
0	8	Top soil a	Clay		190	220				Sand Layers			
8	23	Sands tone			220	230	Yellow.	Ochra 9	Lime	•			
23 43	43	Sandy Clay											
43	50	Clay								•			
50	<i>88 115</i>		ditare Layers	,									
115	M2		to Fire Grave					<u></u>					
142	165	Med. Sand	indetone Layers										
165	183	Sandy Clay											
183	190	Fine Sand											
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed or (3) plugged under my jurisdiction and was completed on (mo/day/year) . 2.1.2.1.2.2													
under my jurisdiction and was completed on (mo/day/year) . 8.1.2.7.68 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No 79.2 This Water Well Record was completed on (mo/day/year)													
Kansas	Water Wel	1 Contractor's Lic	ense No 7.9.2	This Water	Well Rec	ord was co	ompleted	n (mo/da	y/year)	7/10/08			
		name of Holder				(signatur		felle	r circle the	porrect anguage Cand to-			
INSTRUCTIONS: Use typewriter or ball point pen. <u>PLEASE PRESS FIRMLY</u> and <u>PRINT</u> 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, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone													
	5522. Sen	d one to WATER	three copies to Ransas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Japanson St., Suite 420, Topeka, Ransas 60612-1367. Telephone 785-296-5522. Send one to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well. Visit us at										

http://www.kdheks.gov/waterwell/index.html.