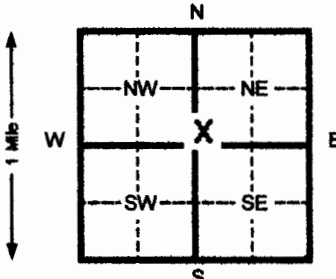


1 LOCATION OF WATER WELL: Fraction **SW 1/4 SW 1/4 NE 1/4** Section Number **17** Township Number **T 4 S** Range Number **R 24 E/W**
 County: **Norton**

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

2 WATER WELL OWNER: **Kurt Suchsland**
 RR#, St. Address, Box #: **606 Bunker Hill Dr** Board of Agriculture, Division of Water Resources
 City, State, ZIP Code: **Carson City, NV 89703** Application Number:

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:


4 DEPTH OF COMPLETED WELL **170** ft. ELEVATION:
 Depth(s) Groundwater Encountered 1 _____ ft. 2 _____ ft. 3 _____ ft.
 WELL'S STATIC WATER LEVEL **na** ft. below land surface measured on mo/day/yr
 Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm
 Est. Yield _____ gpm: Well water was _____ ft. after _____ hours pumping _____ gpm
 Bore Hole Diameter **8** in. to **180** ft. and _____ in. to _____ ft.
 WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well
 ① Domestic 3 Feed lot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)
 2 Irrigation 4 Industrial 7 Lawn and garden (domestic) 10 Monitoring well
 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: 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued **X** Clamped
 ① Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded _____
 ② PVC 4 ABS 7 Fiberglass _____ Threaded _____
 Blank casing diameter **4.5** in. to **130** ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft.
 Casing height above land surface **18** in., weight **2.38** lbs./ft. Wall thickness or gauge No. **.248**
 TYPE OF SCREEN OR PERFORATION MATERIAL: ⑦ 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 3 Mill slot 6 Wire wrapped 9 Drilled holes
 2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify) _____
 SCREEN-PERFORATED INTERVALS: From **130** ft. to **170** ft. From _____ ft. to _____ ft.
 From _____ ft. to _____ ft. From _____ ft. to _____ ft.
 GRAVEL PACK INTERVALS: From **20** ft. to **170** ft. From _____ ft. to _____ ft.
 From _____ ft. to _____ ft. From _____ ft. to _____ ft.

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout ③ Bentonite 4 Other _____
 Grout Intervals From **0** ft. to **20** 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 **none**

Direction from well? _____ How many feet? _____

FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	2		Surface	134	141	Caliche
2	10		Loess	141	153	Fine sand w/caliche lens
10	15		Fine to med sand	153	154	Caliche
15	25		Clay & Caliche	154	169	Fine to med sand w/clay & caliche
25	35		Caliche			Lens
35	41		Sandstone	169	180	Yellow ochre
41	45		Cemented sand			
45	56		Clay			
56	63		Fine sand			
63	74		Clay w/caliche strk			
74	87		Fine sand w/clay & caliche strk			
87	115		Fine to med sand w/clay lens			
115	121		Clay & caliche w/med sd strks			
121	134		Fine sand w/clay & caliche strk			

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/yr) **5/17/06** 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) **6/16/06**
 under the business name of **Woofter Pump & Well** 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 66612-1367. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.

OFFICE USE ONLY

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