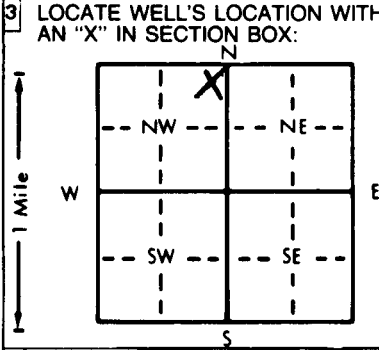


1 LOCATION OF WATER WELL: County: Norton Fraction: NE 1/4 NE 1/4 NW 1/4 Section Number: 20 Township Number: T 4 S Range Number: R 25 E/W

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

2 WATER WELL OWNER: Bill Brooks
 RR#, St. Address, Box #: Rt 2 Box 29 Board of Agriculture, Division of Water Resources
 City, State, ZIP Code: Norton, Kansas 67654 Application Number:



4 DEPTH OF COMPLETED WELL: 210 ft. ELEVATION: _____ ft.
 Depth(s) Groundwater Encountered 1. _____ ft. 2. _____ ft. 3. _____ ft.
 WELL'S STATIC WATER LEVEL: 170 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 _____ in. to _____ ft., and _____ in. to _____ ft.
 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 Lawn and garden only 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 CASING USED:
 1 Steel 3 RMP (SR) 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued X Clamped _____
 2 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded _____
 7 Fiberglass Threaded _____
 Blank casing diameter 16 in. to 150 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
 Casing height above land surface 24 in., weight 16.15 lbs./ft. Wall thickness or gauge No. 500
 TYPE OF SCREEN OR PERFORATION MATERIAL:
 1 Steel 3 Stainless steel 5 Fiberglass 7 PVC 10 Asbestos-cement
 2 Brass 4 Galvanized steel 6 Concrete tile 8 RMP (SR) 11 Other (specify) _____
 9 ABS 12 None used (open hole)
 SCREEN OR PERFORATION OPENINGS ARE:
 1 Continuous slot 3 Mill slot 5 Gauzed wrapped 8 Saw cut 11 None (open hole)
 2 Louvered shutter 4 Key punched 6 Wire wrapped 9 Drilled Holes
 7 Torch cut 10 Other (specify) _____
 SCREEN-PERFORATED INTERVALS: From 150 ft. to 210 ft., From _____ ft. to _____ ft.
 From _____ ft. to _____ ft., From _____ ft. to _____ ft.
 GRAVEL PACK INTERVALS: From 20 ft. to 210 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	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	2	Surface	175	180	Med. Sand w/a Few Clay Lens.
2	14	Loess	180	190	Med. Sand & Gravel w/a Few Fine Clay Lenses
14	20	Med. Sand w/Clay Strks.			
20	33	Sandy Clay w/Caliche	190	194	Sandy Clay
33	45	Med. Sand w/Clay Strks.	194	197	Med. Sand & Gravel w/a Few Fine Clay Lenses
45	60	Cemented Sand w/Clay & Sand St			
60	100	Sandy Clay w/Sand St. & Caliche	197	200	Fine Sand
100	110	Fine to Med. Sand/Semi-Tight	200	208	Tight Fine to Med. Sand w/a Few Clay Strks.
110	133	Sandy Clay w/Sand Strks.			
133	144	Med. Sand w/Clay Strks.	208	210	Shale
144	160	Sandy Clay w/Caliche St. & Some Sand			
160	164	Sticky Clay			
164	172	Sandy Clay			
172	175	Med. Sand w/Clay Strks.			

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) 3-1-91 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) 3-25-91 under the business name of Woofter Pump & Well, Inc. by (signature) Jay C. Woofter

INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks, underline or circle the correct answer. 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.