

1 LOCATION OF WATER WELL County: Republic	Fraction NE ¼ NE ¼ NW ¼	Section Number 21	Township Number T 4 S	Range Number R 4 W E/W
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Distance and direction from nearest town or city?
in Norway City Limits

Street address of well if located within city?
Lot 10, Block 2 in Norway

2 WATER WELL OWNER: **Norway Rural Fire Department**

RR#, St. Address, Box #: **Norway, Kansas 66961**

City, State, ZIP Code: **Norway, Kansas 66961**

Board of Agriculture, Division of Water Resources
Application Number:

3 DEPTH OF COMPLETED WELL: **63'** ft. Bore Hole Diameter: **8"** in. to **63'** 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"/> 1 Domestic	3 Feedlot	6 Oil field water supply
2 Irrigation	4 Industrial	7 Lawn and garden only
		9 Dewatering
		10 Observation well
		12 Other (Specify below)

Well's static water level: **12'** ft. below land surface measured on **June** month **1** day **1981** year

Pump Test Data: Well water was **12'** ft. after **3/4** hours pumping. **100** gpm

Est. Yield **100** gpm: Well water was ft. after hours pumping. gpm

4 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"/> 2 PVC	4 ABS	6 Asbestos-Cement	9 Other (specify below)	Welded
		7 Fiberglass		Threaded

Blank casing dia: **5"** in. to **53'** ft., Dia in. to ft., Dia in. to ft.

Casing height above land surface: **12"** in., weight **3** lbs./ft. Wall thickness or gauge No. **.258**

TYPE OF SCREEN OR PERFORATION MATERIAL:

1 Steel	3 Stainless steel	5 Fiberglass	<input checked="" type="checkbox"/> 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	<input checked="" type="checkbox"/> 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-Perforation Dia: **5"** in. to ft., Dia in. to ft., Dia in. to ft.

Screen-Perforated Intervals: From **53'** ft. to **63'** ft., From ft. to ft., From ft. to ft.

Gravel Pack Intervals: From **10'** ft. to **63'** ft., From ft. to ft., From ft. to ft.

5 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other

Grouted Intervals: From **0** ft. to **10'** ft., From ft. to ft., From ft. to ft.

What is the nearest source of possible contamination: **NA**

1 Septic tank	4 Cess pool	7 Sewage lagoon	11 Fertilizer storage	14 Abandoned water well
2 Sewer lines	5 Seepage pit	8 Feed yard	12 Insecticide storage	15 Oil well/Gas well
3 Lateral lines	6 Pit privy	9 Livestock pens	13 Watertight sewer lines	16 Other (specify below)

Direction from well How many feet ? Water Well Disinfected? Yes No

Was a chemical/bacteriological sample submitted to Department? Yes No If yes, date sample was submitted month day year: Pump Installed? Yes No

If Yes: Pump Manufacturer's name Model No. HP Volts

Depth of Pump Intake ft. Pumps Capacity rated at gal./min.

Type of pump: 1 Submersible 2 Turbine 3 Jet 4 Centrifugal 5 Reciprocating 6 Other

6 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on **June** month **1** day **1981** year

and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **361**

This Water Well Record was completed on **July** month **2** day **1981** year under the business name of **Cox-Beswick Irrigation Service, Inc.** by (signature) *Francis Cox*

7 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:	FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
		0	11	Top Soil		
	11	18	Sand			
	18	32	Gravel			
	32	34	Fine Sand			
	34	63	Gravel			
	63		Fine Sand-very little gravel			

ELEVATION: **1410'**

Depth(s) Groundwater Encountered 1. **18** ft. 2. ft. 3. ft. 4. ft. (Use a second sheet if needed)

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, Division of Environment, Water Well Contractors, Topeka, KS 66620. Send one to WATER WELL OWNER and retain one for your records.

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