

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: <u>Norton</u>		<u>NE 1/4 NW 1/4 NW 1/4</u>	<u>20</u>	<u>T S S</u>	<u>R 24 E/W</u>
Distance and direction from nearest town or city street address of well if located within city? <u>2.5 West of Lenora Kansas</u>					
2 WATER WELL OWNER:		Board of Agriculture, Division of Water Resources			
RR#, St. Address, Box #		Application Number:			
City, State, ZIP Code		<u>Lenora Kansas 67645</u>			
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL: <u>48</u> ft. ELEVATION:			
		Depth(s) Groundwater Encountered 1. <u>20</u> ft. 2. .... ft. 3. .... ft.			
		WELL'S STATIC WATER LEVEL <u>20</u> ft. below land surface measured on mo/day/yr <u>4-21-94</u>			
		Pump test data: Well water was .... ft. after .... hours pumping .... gpm			
		Est. Yield <u>20</u> gpm: Well water was .... ft. after .... hours pumping .... gpm			
		Bore Hole Diameter <u>10</u> in. to <u>4.8</u> in. to .... 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.....; If yes, mo/day/yr sample was submitted			
		Water Well Disinfected? Yes ..... No <u>.....</u>			
5 TYPE OF BLANK CASING USED:					
1 Steel		3 RMP (SR)		5 Wrought iron	
2 PVC		4 ABS		6 Asbestos-Cement	
				7 Fiberglass	
Blank casing diameter <u>5</u> in. to <u>40</u> ft., Dia				8 Concrete tile	
Casing height above land surface <u>20</u> in., weight <u>200</u> lbs./ft.				9 Other (specify below)	
TYPE OF SCREEN OR PERFORATION MATERIAL:				CASING JOINTS: Glued ..... Clamped .....	
1 Steel		3 Stainless steel		Welded .....	
2 Brass		4 Galvanized steel		Threaded .....	
3 Fiberglass		6 Concrete tile			
4 RMP (SR)		9 ABS			
11 Other (specify)					
12 None used (open hole)					
SCREEN OR PERFORATION OPENINGS ARE:		5 Gauzed wrapped		8 Saw cut	
1 Continuous slot		6 Wire wrapped		11 None (open hole)	
③ Mill slot		7 Torch cut		9 Drilled holes	
2 Louvered shutter		10 Other (specify)			
4 Key punched					
SCREEN-PERFORATED INTERVALS:		From <u>40</u> ft. to <u>48</u> ft., From		ft. to	
		From		ft. to	
GRAVEL PACK INTERVALS:		From <u>30</u> ft. to <u>48</u> ft., From		ft. to	
		From		ft. to	
6 GROUT MATERIAL:					
1 Neat cement		2 Cement grout		③ Bentonite	
4 Other					
Grout Intervals: From <u>0</u> ft. to <u>26</u> ft., From				ft. to	
What is the nearest source of possible contamination:					
1 Septic tank		4 Lateral lines		7 Pit privy	
2 Sewer lines		5 Cess pool		8 Sewage lagoon	
3 Watertight sewer lines		6 Seepage pit		9 Feedyard	
				10 Livestock pens	
				11 Fuel storage	
				12 Fertilizer storage	
				13 Insecticide storage	
				14 Abandoned water well	
				15 Oil well/Gas well	
				16 Other (specify below)	
				<u>None</u>	
Direction from well?				How many feet?	
FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	15	Hard surface yellow clay			
15	27	Hard gray clay			
27	35	Fine sand			
35	42	med sand			
42	48	med to large 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) <u>4-21-94</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>4-21-94</u> under the business name of <u>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 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.					