

|                                                                                                                                                                                                                                                                                                                                                                 |  |                      |                                                                                                    |                |  |                 |  |                        |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------|----------------------------------------------------------------------------------------------------|----------------|--|-----------------|--|------------------------|--|
| <b>1 LOCATION OF WATER WELL:</b>                                                                                                                                                                                                                                                                                                                                |  | Fraction             |                                                                                                    | Section Number |  | Township Number |  | Range Number           |  |
| County: <b>Norton</b>                                                                                                                                                                                                                                                                                                                                           |  | NW 1/4 NW 1/4 NW 1/4 |                                                                                                    | <b>23</b>      |  | T <b>5</b> S    |  | R <b>24</b> E <b>W</b> |  |
| Distance and direction from nearest town or city street address of well if located within city?<br><b>110 S. Main</b>                                                                                                                                                                                                                                           |  |                      |                                                                                                    |                |  |                 |  |                        |  |
| <b>2 WATER WELL OWNER: Country Corner</b>                                                                                                                                                                                                                                                                                                                       |  |                      |                                                                                                    |                |  |                 |  |                        |  |
| RR#, St. Address, Box # : <b>110 S. Main</b>                                                                                                                                                                                                                                                                                                                    |  |                      |                                                                                                    |                |  |                 |  |                        |  |
| City, State, ZIP Code : <b>Lenora, Ks. 67645</b>                                                                                                                                                                                                                                                                                                                |  |                      |                                                                                                    |                |  |                 |  |                        |  |
| Board of Agriculture, Division of Water Resources<br>Application Number:                                                                                                                                                                                                                                                                                        |  |                      |                                                                                                    |                |  |                 |  |                        |  |
| <b>3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:</b>                                                                                                                                                                                                                                                                                                     |  |                      | <b>4 DEPTH OF COMPLETED WELL</b> <b>40</b> ft. ELEVATION:                                          |                |  |                 |  |                        |  |
| <div style="text-align: center;"><p>1 Mile</p></div>                                                                                                                                                                                                                                                                                                            |  |                      | Depth(s) Groundwater Encountered 1. . . . . ft. 2. . . . . ft. 3. . . . . ft.                      |                |  |                 |  |                        |  |
|                                                                                                                                                                                                                                                                                                                                                                 |  |                      | WELL'S STATIC WATER LEVEL <b>31</b> 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 <b>6</b> in. to <b>40</b> ft., and . . . . . in. to . . . . . ft.               |                |  |                 |  |                        |  |
| WELL WATER TO BE USED AS:                                                                                                                                                                                                                                                                                                                                       |  |                      |                                                                                                    |                |  |                 |  |                        |  |
| 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 <b>X</b> ; If yes, mo/day/yr sample was submitted                                                                                                                                                                                                                               |  |                      |                                                                                                    |                |  |                 |  |                        |  |
| Water Well Disinfected? Yes . . . . . No <b>X</b>                                                                                                                                                                                                                                                                                                               |  |                      |                                                                                                    |                |  |                 |  |                        |  |
| <b>5 TYPE OF BLANK CASING USED:</b>                                                                                                                                                                                                                                                                                                                             |  |                      |                                                                                                    |                |  |                 |  |                        |  |
| 1 Steel 3 RMP (SR) 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued . . . . . Clamped . . . . .                                                                                                                                                                                                                                                              |  |                      |                                                                                                    |                |  |                 |  |                        |  |
| 2 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded . . . . .                                                                                                                                                                                                                                                                                          |  |                      |                                                                                                    |                |  |                 |  |                        |  |
| Blank casing diameter <b>2</b> in. to <b>20</b> ft., Dia . . . . . in. to . . . . . ft., Dia . . . . . in. to . . . . . ft.                                                                                                                                                                                                                                     |  |                      |                                                                                                    |                |  |                 |  |                        |  |
| Casing height above land surface <b>0</b> in., weight <b>.716</b> lbs./ft. Wall thickness or gauge No. <b>.154</b>                                                                                                                                                                                                                                              |  |                      |                                                                                                    |                |  |                 |  |                        |  |
| TYPE OF SCREEN OR PERFORATION MATERIAL:                                                                                                                                                                                                                                                                                                                         |  |                      |                                                                                                    |                |  |                 |  |                        |  |
| 1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 10 Asbestos-cement                                                                                                                                                                                                                                                                                            |  |                      |                                                                                                    |                |  |                 |  |                        |  |
| 2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 11 Other (specify) . . . . .                                                                                                                                                                                                                                                                                   |  |                      |                                                                                                    |                |  |                 |  |                        |  |
| 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                                                                                                                                                                                                                                                                                                 |  |                      |                                                                                                    |                |  |                 |  |                        |  |
| 3 Torch cut 10 Other (specify) . . . . .                                                                                                                                                                                                                                                                                                                        |  |                      |                                                                                                    |                |  |                 |  |                        |  |
| SCREEN-PERFORATED INTERVALS: From <b>20</b> ft. to <b>40</b> ft., From . . . . . ft. to . . . . . ft.                                                                                                                                                                                                                                                           |  |                      |                                                                                                    |                |  |                 |  |                        |  |
| GRAVEL PACK INTERVALS: From <b>18</b> ft. to <b>40</b> ft., From . . . . . ft. to . . . . . ft.                                                                                                                                                                                                                                                                 |  |                      |                                                                                                    |                |  |                 |  |                        |  |
| From . . . . . ft. to . . . . . ft., From . . . . . ft. to . . . . . ft.                                                                                                                                                                                                                                                                                        |  |                      |                                                                                                    |                |  |                 |  |                        |  |
| <b>6 GROUT MATERIAL:</b> 1 Neat cement 2 Cement grout 3 Bentonite 4 Other                                                                                                                                                                                                                                                                                       |  |                      |                                                                                                    |                |  |                 |  |                        |  |
| Grout intervals: From <b>0</b> ft. to <b>2</b> ft., From <b>2</b> ft. to <b>18</b> 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)                                                                                                                                                                                                                                                                |  |                      |                                                                                                    |                |  |                 |  |                        |  |
| Direction from well? How many feet? <b>Removed Fuel Storage</b>                                                                                                                                                                                                                                                                                                 |  |                      |                                                                                                    |                |  |                 |  |                        |  |
| FROM TO LITHOLOGIC LOG FROM TO PLUGGING INTERVALS                                                                                                                                                                                                                                                                                                               |  |                      |                                                                                                    |                |  |                 |  |                        |  |
| 0 2 Topsoil                                                                                                                                                                                                                                                                                                                                                     |  |                      |                                                                                                    |                |  |                 |  |                        |  |
| 2 15 Silt                                                                                                                                                                                                                                                                                                                                                       |  |                      |                                                                                                    |                |  |                 |  |                        |  |
| 15 31 Fine Sand                                                                                                                                                                                                                                                                                                                                                 |  |                      |                                                                                                    |                |  |                 |  |                        |  |
| 31 40 Med. Sand                                                                                                                                                                                                                                                                                                                                                 |  |                      |                                                                                                    |                |  |                 |  |                        |  |
| <b>7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:</b> This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) <b>10-17-94</b> and this record is true to the best of my knowledge and belief. Kansas                                                                                      |  |                      |                                                                                                    |                |  |                 |  |                        |  |
| Water Well Contractor's License No. <b>554</b> This Water Well Record was completed on (mo/day/yr) <b>10-21-94</b>                                                                                                                                                                                                                                              |  |                      |                                                                                                    |                |  |                 |  |                        |  |
| under the business name of <b>Woofter Pump &amp; Well, Inc.</b> by (signature) <i>Jay C. Woofter</i>                                                                                                                                                                                                                                                            |  |                      |                                                                                                    |                |  |                 |  |                        |  |
| 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, Bureau of Water, Topeka, Kansas 66620-0001. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records. |  |                      |                                                                                                    |                |  |                 |  |                        |  |