

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: Norton		NE 1/4 NE 1/4 NE 1/4	5	T 5 S	R 25 EW
Distance and direction from nearest town or city street address of well if located within city?					
2 WATER WELL OWNER: Ruth Schoen Tr					
RR#, St. Address, Box # : 10 Norton Rowley			Board of Agriculture, Division of Water Resources		
City, State, ZIP Code : 1217 Delmont Dr. Richardson, TX 75080			Application Number:		
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL 140 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 142 ft. and _____ in. to _____ ft.		WELL WATER TO BE USED AS:			
		<input checked="" type="checkbox"/> 1 Domestic 3 Feed lot 6 Oil field water supply 8 Air conditioning 11 Injection well <input type="checkbox"/> 2 Irrigation 4 Industrial 7 Lawn and garden (domestic) 9 Dewatering 12 Other (Specify below)			
		Was a chemical/bacteriological sample submitted to Department? Yes _____ No <input checked="" type="checkbox"/> If yes, mo/day/yr sample was submitted _____			
		Water Well Disinfected? Yes <input checked="" type="checkbox"/> No _____			
5 TYPE OF BLANK CASING USED:					
1 Steel		3 RMP (SR)		5 Wrought Iron	
<input checked="" type="checkbox"/> 2 PVC		4 ABS		6 Asbestos-Cement	
				7 Fiberglass	
Blank casing diameter 4.5 in. to 100 ft. Dia				8 Concrete tile	
Casing height above land surface 18 in., weight 2.38 lbs./ft.				9 Other (specify below) _____	
TYPE OF SCREEN OR PERFORATION MATERIAL:				CASING JOINTS: Glued <input checked="" type="checkbox"/> Clamped _____	
1 Steel		3 Stainless steel		5 Fiberglass	
2 Brass		4 Galvanized steel		6 Concrete tile	
				7 RMP (SR)	
SCREEN OR PERFORATION OPENINGS ARE:				8 ABS	
1 Continuous slot		3 Mill slot		5 Gauzed wrapped	
2 Louvered shutter		4 Key punched		6 Wire wrapped	
				7 Torch cut	
SCREEN-PERFORATED INTERVALS:				8 Saw cut	
From 100 ft. to 140 ft.				9 Drilled holes	
				10 Other (specify) _____	
GRAVEL PACK INTERVALS:				11 None (open hole)	
From 20 ft. to 140 ft.				12 None used (open hole)	
6 GROUT MATERIAL:					
1 Neat cement		2 Cement grout		3 Bentonite	
Grout Intervals From 0 ft. to 20 ft.				4 Other _____	
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) none	
Direction from well?				How many feet?	
FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO
0	2		Surface	119	130
2	25		Loess	130	138
25	32		Sandy clay	138	142
32	45		Sandy clay w/caliche lens		
45	56		Sandstone		
56	68		Fine to some med sd w/clay & Caliche		
68	84		Clay & caliche		
84	98		Fine to some med sd w/clay & Caliche		
98	103		Clay & caliche		
103	109		Clay & caliche w/gravel strks		
109	119		Fine to some med sd w/clay & Caliche 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/yr) 6-2-06 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) 6-9-06		
under the business name of Woofert Pump & Well Inc.			by (signature) <i>Jay C. Woofert</i>		
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: 913-298-5545. Send one to WATER WELL OWNER and retain one for your records.					

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