| WATER WELL R | | Form WWC | | | ision of Water | | | |
|--|--|-----------------------------------|---|--|--|------------------------|----------------------|--|
| Original Record | | Change in Wo | -7 1 | | urces App. No. | T 1: N 1 | Well ID | |
| 1 LOCATION OF WATER WELL: Fraction County: Norton NWANTANY | | | Section Number Township Number Range Number | | | | | |
| | | | | | WW 17 ST S R 25 DE W Street or Rural Address where well is located (if unknown, distance and | | | |
| Literate the second of the sec | | | | | | | | |
| Address: 801 N Brown & direction from nearest town or intersection): 11 at owner's address, check nete. | | | | | | | | |
| Address: City: Norton State: KS ZIP: 67654 5 Miles NW of New aline Lo | | | | | | | | |
| City: Nortor | | | | | | VW SH Ne | WUlline LO | |
| 3 LOCATE WELL WITH "X" IN | 4 DEPTH C | OF COMPLET | TED WELL: | | 5 Latitude | | (decimal degrees) | |
| SECTION BOX: | Depth(s) Grou | ndwater Encoun | itered: 1) /८ | 7. 4 ft. | Longitude:(decimal degrees) | | | |
| N N | | ft. 3) | | | | J WGS 84 □ NAD | | |
| | | TIC WATER L | | | | r Latitude/Longitude: | | |
| | | ired on (mo-day | | and the state of t | | | | |
| NW NE | | d surface, measu : Well water wa | | | (,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | |
| W E | | hours pumpi | | | ☐ Land Survey ☐ Topographic Map ☐ Online Mapper: | | | |
| - ' | | | as | | | iic iviapper | | |
| SW SE | | hours pump | | gpm | C 151 - 41 | | | |
| | Estimated Yield:gpm | | | | 6 Elevation:ft. ☐ Ground Level ☐ TOC Source: ☐ Land Survey ☐ GPS ☐ Topographic Map | | | |
| S mile | and the state of t | | | | Other | | | |
| 7 WELL WATER TO BE USED AS: | | | | | | | | |
| 1. Domestic: | | | mly: well ID | | 10 🗆 Oil F | ield Water Supply: Jea | nce | |
| ☐ Household | | | | | | | | |
| ☐ Lawn & Garden | | | | | | | | |
| Livestock | 8. 🔲 N | Monitoring: well | l ID | | | | | |
| 2. Irrigation | | | | | | | | |
| 3. Feedlot Air Sparge Soil Vapor Ex | | | | Extraction | b) Open Loop | | | |
| 4. Industrial Recovery Injection 13. Other (specify): | | | | | | | | |
| Was a chemical/bacteriological sample submitted to KDHE? ☐ Yes ☑ No If yes, date sample was submitted: | | | | | | | | |
| water well disinfected? | Yes N | 0 | | | | | | |
| 8 TYPE OF CASING | USED: ☐ Stee | el DPPVC [] (| Other | CASIN | NG JOINTS: [| ☑Glued ☐ Clamped | ☐ Welded ☐ Threaded | |
| Casing diameter | | | | | | | | |
| TYPE OF SCREEN OR PERFORATION MATERIAL: | | | | | | | | |
| ☐ Steel ☐ Stainless Steel ☐ Fiberglass ☐ PVC ☐ Other (Specify) | | | | | | | | |
| ☐ Brass ☐ Galvanized Steel ☐ Concrete tile ☐ None used (open hole) | | | | | | | | |
| SCREEN OR PERFORATION OPENINGS ARE: | | | | | | | | |
| Continuous Slot | | | | | | | | |
| □ Louvered Shutter □ Key Punched □ Wire Wrapped □ Saw Cut □ None (Open Hole) SCREEN-PERFORATED INTERVALS: From | | | | | | | | |
| GRAVEL PAG | CK INTERVAL | S. From 16 | | .y ii., From う & Erom | | π., From | ft. to ft. | |
| 9 GROUT MATERIA | L. Neat cer | nent \square Ceme | nt grout $\Box A$ | entonite \Box \Box | II. IO | II., FIOIII | II. IOII. | |
| 9 GROUT MATERIAL: Neat cement Cement grout Sentonite Other | | | | | | | | |
| Nearest source of possibl | e contamination | ·: | | | | | | |
| Septic Tank | | teral Lines | Pit Privy | | Livestock Pens | 🔲 Insectici | | |
| Sewer Lines | | | | | | | | |
| □ Watertight Sewer Lines □ Seepage Pit □ Feedyard □ Fertilizer Storage □ Oil Well/Gas Well □ Other (Specify) □ Direction from well? □ 200 Ft. South □ Distance from well? □ 10 FPOM □ 10 | | | | | | | | |
| Direction from well?? | 00 Ft s | outh | Distance from w | ⁄ell? ⊋ ¢∢.6 | =+ | ft | | |
| 10 FROM TO | LI | THOLOGIC LO | OG | FROM | TO LI | THO. LOG (cont.) or I | PLUGGING INTERVALS | |
| 0 20 | Scil | | | | | | | |
| 20 40 | sand st | che. | | | | | | |
| 40 70 | sand 9 | reen ro | c K | | | | | |
| 70 100 | Fine s | and | | | | | | |
| 100 145 | gravel | | | _ | | | | |
| 145 150 | shale | | | N T : | | | | |
| Notes: | | | | | | | | |
| | | | | _ | | | | |
| 11 CONTRACTOR'S | OR LANDOV | WNER'S CER | TIFICATIO | V: This water | well was IV | constructed recor | astructed or nlugged | |
| 11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, reconstructed, or plugged under my jurisdiction and was completed on (mo-day-year) | | | | | | | | |
| Kansas Water Well Cor | ntractor's Lice | se Mo B.A | This W | ater Well Rec | ord was comp | leted on (mo-day-ye | ar) ./.C.=.3.4 | |
| Under the dusiness name of Sec. T. S.C. N. G. I.K. W.C. T.E.V. W.E. [] | | | | | | | | |
| INSTRUCTIONS: Send one copy to WATER WELL OWNER and retain one copy for your records. Submit fee of \$5.00 for each constructed well along with one (white) copy to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone (785) 296-3565. | | | | | | | | |

KSA 82a-1212

Revised 9/10/2012

Visit us at http://www.kdheks.gov/waterwell/index.html