		WA	TER WELL RECO	ORD Form	WWC-5	KSA 82a-	1212 ID N	o		
1 LOCAT	ON OF WA	TER WELL:	Fraction			Sec	tion Number	Township Number	Range Number	
County:	Chase		SW 1/4	SE 14	NW 1/4		33	T 20 S	R 8 DW	
Distance and direction from nearest town or city street address of well if located within city?										
			ni oi city street at	diess of well	ii located v	vitiliti City:				
	N Ba	ZAAR	aNNON 1	0 0-10	21/14					
2 WAIEH	WELL OW	NEH: 5/	ONNON !	A GATE	100110					
City, State,	ldress, Box ZIP Code	Coto	Box III	alls KS	668	345		Application Numb		
3 LOCATE	WELL'S LO	CATION WITH	4 DEPTH OF CO	MPLETED W	'ELL	50	ft. ELEVA	TION:		
AN "X" IN SECTION BOX: Depth(s) Groundwater Encountered 1 29 ft. 2 ft. 3 ft. 3 ft. WELL'S STATIC WATER LEVEL 2 ft. below land surface measured on mo/day/yr Sep 1 06										
_	Ņ		WELL'S STATIC	WATER LEVE	L 2	ft. belo	ow land surfac	ce measured on mo/day/y	Sep 1- 06	
Pump test data: Well water was										
- 1	Fst Yield 20 + gpm: Well water was									
	NW NE WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well								11 Injection well	
	1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)								12 Other (Specify below)	
W E 2 Irrigation 4 Industrial 7 Domestic (lawn & garden) 10 Monitoring well										
- SW SE Was a chemical/bacteriological sample submitted to Department? Yes No; If yes_ mo/day/yrs sample was									es, mo/dav/vrs sample was sub-	
i	was a chemical/bacteriological sample submitted to Department: Tes									
	1	1 ]					• • • • • • • • • • • • • • • • • • • •			
	S									
5 TYPE C	OF BLANK C	CASING USED:		5 Wrought iro		8 Concre			Glued Clamped	
				6 Asbestos-Cement		9 Other (specify below)				
2 PVC		4 ABS		7 Fiberglass					Threaded	
Blank casin	g diameter		in. to	22	ft., Dia		in. to	ft., Dia	ft.	
Casing heigh	ght above la	nd surface	18	in., weight				lbs./ft. Wall thickness or	guage No. SDR-20	
TYPE OF S	CREEN OF	R PERFORATIO	N MATERIAL:	_		7 PV	$\overline{\mathbf{c}}$	10 Asbestos	Cement	
1 Stee		3 Stainless		5 Fiberglass			IP (SR)		ecify)	
2 Bras		4 Galvaniz		6 Concrete ti	le	9 AB		12 None use	d (open hole)	
SCREEN OR PERFORATION OPENINGS ARE: 5 Guazed wrapped 8 Saw cut 11 None (open hole)  1 Continuous clot 3 Mill slot 6 Wire wrapped 9 Drilled holes										
1 Continuous slot 5 Mill slot										
2 Louvered shallor 4 Noy pullotted										
SCREEN-PERFORATED INTERVALS: From										
Fromft. toft., Fromft. toft.  GRAVEL PACK INTERVALS: Fromft. toft., Fromft. ft. toft.										
Ċ	HAVEL PAG	CK INTERVALS:	From		π. το		π., From		ft. toft.	
			FIOIT	***************************************	. 11. 10		11., FIOIII		11. 1011.	
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other										
What is the nearest source of possible contamination:  10 Livestock pens  14 Abandoned water well										
· copie tall							15 Oil well/Gas well			
2 Sew	er lines	5 Cess	pool	8 Sewage lagoon 12 Fertil			12 Fertili	ilizer storage 16 Other (specify below)		
3 Watertight sewer lines 6 Seepage pit 9 Feedyard 13 Insecticide storage								1		
Direction from	om well?	North					How mar	ny feet? 60 F/	eld	
FROM	TO		LITHOLOGIC	LOG		FROM	то		G INTERVALS	
~~~	3	7.0		DIV						
		1 op	2011		-					
	32	Clay-Br	N & KIVE	NIND						
32	38	LIME,	TAN							
38	39	Shale	Gray							
39	40	LIME.	TAN							
40	46	Shala	- Grav							
1//	119	TIME	TAS							
110	7)	51	1. 1111	7						
77	50		e Lite C	ray						
				•						
l		I								
CONTRA	ACTOR'S O	R LANDOWNE	R'S CERTIFICAT	ION: This wat	er well wa	(1) constri	ucted, (2) rec	onstructed, or (3) plugge	d under my jurisdiction and was	
									ny knowledge and belief. Kansas	
Water Well	Contractor's	Licence No	218,		his Water \	Well Record		ed on (mo/day/yr)	517,00	
under the bu	usiness nam	ne of $ZINA$	/Water V	Vell Drla	)			(signature)	a. zinn	
						fill in blanke und		7 11 -	copies to Kansas Department of Health	
INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks, underline or circle the correct answers. 86nd to the three copies to Kansas Department of Health										

INSTRUCTIONS: Use typewriter or ball point pen. <u>PLEASE PRESS FIRMLY</u> and <u>PRINT</u> clearly. Please fill in blanks, underline or circle the correct answers. Bend to three copies to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-5522. Send one to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each <u>constructed</u> well.