WATER WELL RECORD   Form WWC-5   KSA 82a-1212

1 LOCATION OF WATER WELL:	Fraction NW	Section Number	Township Number	Range Number
County: Chase	~~SW~~ ¼ NE ¼ NW ¼	1	T 20 S	R 9 E/W (E)

Distance and direction from nearest town or city street address of well if located within city?

least & 4 ~~North~~ South of Saffordville AND 3/8 MILE EAST

2 WATER WELL OWNER:	Howard Nurnberg	
RR#, St. Address, Box # :	Rt 3 Box 55A	Board of Agriculture, Division of Water Resources
City, State, ZIP Code :	Emporia, KS 66801	Application Number:

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:

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        N
  |  X  |     |
  - NW --  - NE --
W |     |     | E
  - SW --  - SE --
  |     |     |
        S
```
(1 Mile scale on left)
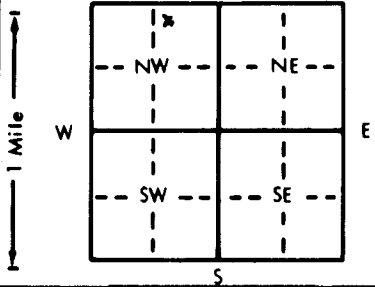
4 DEPTH OF COMPLETED WELL.......**35**...ft. ELEVATION: ....

Depth(s) Groundwater Encountered 1......**10**......ft. 2........ft. 3.........ft.

WELL'S STATIC WATER LEVEL ......**6**..ft. below land surface measured on mo/day/yr **Apr. 15. 88**...

Pump test data: Well water was ....ft. after ....hours pumping ....gpm

Est. Yield ....**13**..gpm; Well water was ....ft. after ....hours pumping ....gpm

Bore Hole Diameter.....**8**....in. to ....**8**.....ft., and ....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

5 TYPE OF BLANK CASING USED:

		5 Wrought iron	8 Concrete tile	CASING JOINTS: Glued . X . Clamped ......
1 Steel	3 RMP (SR)	6 Asbestos-Cement	9 Other (specify below)	Welded ....
(2)PVC	4 ABS	7 Fiberglass	....	Threaded. ....

Blank casing diameter ......**5**....in. to ....**10**.....ft., Dia ....in. to ....ft., Dia ....in. to ....ft.

Casing height above land surface..........**18**..in., weight ....lbs./ft. Wall thickness or gauge No. **S.D.R-26**

TYPE OF SCREEN OR PERFORATION MATERIAL:

1 Steel	3 Stainless steel	5 Fiberglass	(7)PVC	10 Asbestos-cement
2 Brass	4 Galvanized steel	6 Concrete tile	8 RMP (SR)	11 Other (specify) ....
			9 ABS	12 None used (open hole)

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	
		7 Torch cut	10 Other (specify)	

SCREEN-PERFORATED INTERVALS: From........**10**......ft. to........**35**.....ft., From ....ft. to..........ft.

From..........ft. to..........ft., From ....ft. to..........ft.

GRAVEL PACK INTERVALS: From........**8**........ft. to........**35**.....ft., From ....ft. to..........ft.

From ....ft. to ....ft., From ....ft. to ....ft.

6 GROUT MATERIAL: (1)Neat cement   2 Cement grout   3 Bentonite   4 Other ....

Grout Intervals: From........**3**....ft. to....**8**.....ft., From ....ft. to..........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)
			13 Insecticide storage	Small Creek

Direction from well? **West**   How many feet? **50**

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	8	Black Soil			
8	15	Brown Sandy Clay			
15	24	Shale Gray			
24	29	Lime			
29	33	Shale lite Brn			
33	35	Lime Brn			

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) ...**Apr. 15. 88**.......... and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. ....**218**.......... This Water Well Record was completed on (mo/day/yr) **Apr. 30. 88**.......... under the business name of **Zinn Water Well Drlg** by (signature) **Joseph A. Zinn**

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 Protection, Topeka, Kansas 66620-7320. Telephone: 913-296-5514. Send one to WATER WELL OWNER and retain one for your records.