| WATER WELL RECORD | Form WWC-5 | | r Resources App. No | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|------------------------------|--------------------------|------------------------------|--|
| 1 LOCATION OF WATER WELL: | Fraction | Section Number | Township No. | Range Number | |
| County: SALINE | NE1/4 NE1/4 NC1/4SE1 | | T & S | R 2 DE W | |
| Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here | | | | | |
| VOMUE NORTH OF INTERSECTION WOOD WARD KD Longitude: | | | | | |
| in 11 and 16 th WEST "OF OF KOAL Elevation: | | | | | |
| 2 WATER WELL OWNED. TOLLED ROTS / M SS Danim: WGS 84, NAD 83, NAD 27 | | | | | |
| RR#, Street Address, Box #: City, State, ZIP Code: City, State, ZIP Code: City State, ZIP Code: Collection Method: GPS unit (Make/Model: | | | | | |
| City, State, ZIP Code : Digital Map/Photo, Topographic Map, Land Survey | | | | | |
| New Cambera, KS 67470 Est. Accuracy: [<3 m, [] 3-5 m, [] 5-15 m, [] >15 m | | | | | |
| WITH AN "X" IN 4 DEPTH (| OF COMPLETED WELL | <u>ሰ</u> | | | |
| SECTION BOX: Depth(s) Gro | Depth(s) Groundwater Encountered (1) | | | | |
| N WELL'S ST | N WELL'S STATIC WATER LEVEL. 3.6ft, below land surface measured on mo/day/yr 0.9.7.1.9.7.1.2. | | | | |
| Pt | Pump test data: Well water was | | | | |
| w NW NE Bore Hole D | Bore Hole Diameter | | | | |
| WELL WATER TO BE USED AS: ☐ Public water supply ☐ Geothermal ☐ Injection well | | | | | |
| SWSE Domestic Feedlot Oil field water supply Dewatering Other (Specify below) | | | | | |
| ☐ Irrigation ☐ Industrial ☑ Domestic-lawn & garden ☐ Monitoring well | | | | | |
| Was a chemical/bacteriological sample submitted to Department? Yes No If yes, mo/day/yr sample was submitted | | | | | |
| Water well disinfected? Yes \Box | | | | | |
| 5 TYPE OF CASING USED: Steel X PVC Other | | | | | |
| CASING JOINTS: Glued □ Clamped □ Welded □ Threaded | | | | | |
| Casing diameter | | | | | |
| Casing height above land surface | | | | | |
| TYPE OF SCREEN OR PERFORATION MATERIAL: ☐ Steel ☐ Stainless Steel ☑ PVC ☐ Other (Specify) | | | | | |
| Brass Galvanized Steel None used (open hole) | | | | | |
| SCREEN OR PERFORATION OPENINGS ARE: | | | | | |
| ☐ Continuous slot Mill slot, Cals ☐ Gauze wrapped ☐ Torch cut ☐ Drilled holes ☐ None (open hole) ☐ Louvered shutter ☐ Key punched ☐ Wire wrapped ☐ Saw cut ☐ Other (specify) | | | | | |
| SCREEN-PERFORATED INTERVALS: From | | | | | |
| From | | | | | |
| GRAVEL PACK INTERVALS: From | | | | | |
| From | | | | | |
| Grout Intervals: From | | | | | |
| What is the nearest source of possible contamination: | | | | | |
| ☐ Septic tank ☐ Lateral lines ☐ Pit privy ☐ Livestock pens ☐ Insecticide storage ☐ Other (specify below) | | | | | |
| ☐ Sewer lines ☐ Cesspool ☐ Sewage lagoon ☐ Fuel storage ☐ Abandoned water well ☐ Watertight sewer lines ☐ Seepage pit ☐ Feedyard ☐ Fertilizer storage ☐ Qil_well/gas well | | | | | |
| Direction from well | Distance | from well O.P.L.N | FEILD NO | DIDE APPACENT | |
| | OGIC LOG FROM | TO LITHO. LO | OG (cont.) <u>or</u> PLU | GGING INTERVALS | |
| | 360MM | | | | |
| 2 IN CLAY BLOWN 18 62 CLAY TAN YSMALL STREAKS OF BLOWN BLAVEL | | | | | |
| | TO MED TAN | | | | |
| 70 CLAY GRAY | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | · | |
| 7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION; This water well was Constructed, reconstructed, or plugged | | | | | |
| 7 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 Contractor's License No. 3. 2 This Water Well Record was completed on (me/dat/year) | | | | | |
| under the business name of .P.E.S.TINGERP.UMPSER.VICE by (signature) | | | | | |
| 11451RUC1IO145. Use typewriter of pair ixini | DEU, FLENSE FRESS FIRMLI MIG FRINI C | early. Please fill in blanks | and/check the correct | answers. Send three copies 1 | |