| WATER WELL RECORD | | | Form WWC-5 | 5 | Division of Wa | iter Resources; App. No. | | |
|--|---|--------------------------------|----------------------------|----------------|------------------|-------------------------------|---------------------------|--|
| 1 LOCATION OF WATER WELL: County: SALINE Distance and direction from nearest town or co | | | Fraction NEW NEW SE | - 1/4 | Section Number | Township Number | Range Number R 3 W E/W | |
| Dista | nce and directio | n from nearest town or ci | ty street address of wel | lif | | ng Systems (decimal deg | | |
| locate | d within aity? | ~ | • | | Latitude: | | | |
| 2 WATER WELL OWNER: JOHN ZAMECNIK RR#, St. Address, Box # : 1015 PIERCY CT | | | | | Longitude: | | | |
| 2 WA | St Address B | WNER: JOHN Z | AMECUIK | | | | | |
| City. | State, ZIP Cod | e : P | TRECY CT | | Datum: | 3.6 - 41 1 | | |
| | ATE WELL'S | OHLINA | A K S | 3 | Data Collection | | | |
| | ATE WELL S | | | | | | | |
| WITH AN "X" IN SECTION BOX: Depth(s) Groundwater Encountered (1) | | | | | | | ft. | |
| SEC | SECTION BOX: WELL'S STATIC WATER LEVELft. below land surface measured on mo/day/yr | | | | | | 1/yr.4-17-07 | |
| | Pump test data: Well water wasft. after hours pumping | | | | | | | |
| Est. Yieldgpm: Well water wasft. after hours pumping | | | | | | | | |
| w NV | [NW]NE] 1 Damastia 2 Facilist 6 Oil field mater annulus 0 Damatering 12 Other (Specify below) | | | | | | | |
| w | 2 Irrigation 4 Industrial 7 Domestic (lawn & garden) 10 Monitoring well | | | | | | | |
| SW | | | | | | | | |
| | | | | | | | | |
| Sample was submitted | | | | | | | | |
| 5 TYPE OF CASING USED: 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued | | | | | | | | |
| | | | | | | | x Clamped | |
| | | | | | | | | |
| 2 PVC 4 ABS 7 Fiberglass 7 Fibe | | | | | | | | |
| Casing h | eight above land | d surface | in., Weight <i>J. La</i> . | D | .lbs./ft. Wall t | hickness or guage No. | S.D.R. 26 | |
| | | PERFORATION MATE | | 0.4 | NDC | 11 Other (Specify) | | |
| | | | | | | | | |
| 2 Brass 4 Galvanized Steal 6 Concrete tile 8 RM (SR) 10 Asbestos-Cement 12 None used (open hole) SCREEN OR PERFORATION OPENINGS ARE: | | | | | | | | |
| 1 Continuous slot 3 Mill slot 1026 5 Guazed wrapped 7 Torch cut 9 Drilled holes 11 None (open hole) | | | | | | | | |
| 2 Louvered shutter 4 Key punched 6 Wire wrapped 8 Saw Cut 10 Other (specify) | | | | | | | | |
| SCREEN-PERFORATED INTERVALS: From ft. to ft., From ft. to ft. | | | | | | | | |
| GRAVEL PACK INTERVALS: From. 2.4. ft. to 5.5. ft., From ft. to ft. | | | | | | | | |
| From | | | | | | | | |
| (CDO | | T 137 | G () 1 D (| | 4.04 | | | |
| 6 GRO | UT MATERIA | Com 6 ft. to . 2 | Cement grout 3 Bent | onite | 4 Other | ft From | ft to ft | |
| | | ce of possible contaminat | | | 11. 10 | 1t., 110111 | 11. 10 | |
| | Septic tank | 4 Lateral lines | |) Livest | ock pens 13 l | nsecticide Storage | 16 Other (specify | |
| 2 Sewer lines 5 Cess pool 8 Sewage lagoon 11 Fuel storage 14 Abandoned water well below) | | | | | | | | |
| | Watertight sewe | | | | | Oil well/gas well | | |
| FROM | n from well? | LITHOLOGIC | | ow man FROM | y feet? | PLUGGING INT | TEDMAIC | |
| | | LITHOLOGIC | LOG | FROM | 1 10 | PLUGGING IN I | EKVALS | |
| Ø | | LTY LOOM | TAN | | | | | |
| 15 | 21 C | | SILTY | | | | | |
| 21 | 55 5 | AND FINK TO | MED. TAN | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | + | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| 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) 2 | | | | | | | | |
| under my jurisdiction and was completed on (mo/day/year) 4.7.7.2.2 and this record is true to the best of my knowledge and belief. | | | | | | | | |
| Kansas Water Well Contractor's License No. 3d. This Water Well Record was completed on (mo/day/year) | | | | | | | | |
| under the | TIONS: Use type | OI PESTINGEO | Y YUMP JEE | VIC (D | y (signature) | pks underline or circle the o | correct answers. Send ton | |
| 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. Send top 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 constructed well. Visit us at | | | | | | | | |

KSA 82a-1212

http://www.kdhe.state.ks.us/geo/waterwells.