WATER WELL RECORD Form WWC-5 KSA 82a-1212 ID No. _____

| 1 LOCATION OF WATER WELL: | Fraction | Section Number | Township Number | Range Number |
|---|---|---|---|---|
| County: **Decatur** | **NW** ¼ **SE** ¼ **SW** ¼ | **9** | T **5** S | R **27** E W |

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

2 WATER WELL OWNER: **Kenny Krizek**
RR#, St. Address, Box # : **P. O. Box 40**
City, State, ZIP Code : **Jennings, Ks 67643**
Board of Agriculture, Division of Water Resources
Application Number:

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

N / NW / NE / W / E / SW / SE / S — 1 Mile — X

4 DEPTH OF COMPLETED WELL **125** ft. ELEVATION:
Depth(s) Groundwater Encountered 1 _____ ft. 2 _____ ft. 3 _____ ft.
WELL'S STATIC WATER LEVEL **na** ft. below land surface measured on mo/day/yr _____
Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm
Est. Yield _____ gpm: Well water was _____ ft. after _____ hours pumping _____ gpm
Bore Hole Diameter **9** in. to **135** ft. and _____ in. to _____ ft.
WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well
[1] Domestic 3 Feed lot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)
2 Irrigation 4 Industrial 7 Lawn and garden (domestic) 10 Monitoring well _____
Was a chemical/bacteriological sample submitted to Department? Yes _____ No **X** If yes, mo/day/yr sample was submitted
Water Well Disinfected? Yes **X** 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 **105** ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
Casing height above land surface **18** in., weight **2.355** lbs./ft. Wall thickness or gauge No. **.214**

TYPE OF SCREEN OR PERFORATION MATERIAL: [7] PVC 10 Asbestos-cement
1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 11 Other (specify) _____
2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 12 None used (open hole)

SCREEN OR PERFORATION OPENINGS ARE: 5 Gauzed wrapped [8] Saw cut 11 None (open hole)
1 Continuous slot 3 Mill slot 6 Wire wrapped 9 Drilled holes
2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify) _____

SCREEN-PERFORATED INTERVALS: From **105** ft. to **125** ft. From _____ ft. to _____ ft.
From _____ ft. to _____ ft. From _____ ft. to _____ ft.
GRAVEL PACK INTERVALS: From **20** ft. to **125** 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 **0** ft. to **20** 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 **none**
Direction from well? How many feet?

| FROM | TO | CODE | LITHOLOGIC LOG | FROM | TO | PLUGGING INTERVALS |
|---|---|---|---|---|---|---|
| 0 | 2 | | Surface | 83 | 123 | Fine to med sd w/clay & caliche strks |
| 2 | 7 | | Loess | 123 | 135 | Grey shale/black shale |
| 7 | 24 | | Clay w/caliche strks | | | |
| 24 | 30 | | Fine sand & sandstone w/ | | | |
| | | | Caliche lenses | | | |
| 30 | 45 | | Fine to med sd w/clay & caliche | | | |
| | | | Lenses | | | |
| 45 | 60 | | Fine to med sd w/clay strks & | | | |
| | | | Caliche lenses | | | |
| 60 | 65 | | Fine to some med sd w/clay & | | | |
| | | | Caliche lenses | | | |
| 65 | 75 | | Fine to med sd w/clay & caliche | | | |
| | | | Lenses | | | |
| 75 | 83 | | Caliche & clay w/sd strks | | | |

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/yr) **5-9-08** and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **783** This Water Well Record was completed on (mo/day/yr) **6-2-08** under the business name of **Woofter Pump & Well Inc.** by (signature) _____

INSTRUCTIONS:. Please fill in blanks and circle the correct answers. Send three copies to Kansas Department of Health and Environment, Bureau of Water, 1000 S W Jackson St., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.

OFFICE USE ONLY T R SEC