		WA	TER WELL RECO	ORD	Form WWC	-5 K	SA 82a	-1212 ID	No						
1 LOCAT	LOCATION OF WATER WELL: Fraction						Se	ction Numbe		Township Number			Range Number		
County: (Sage		SE ¼	SE	14 NE	1/4		27		T 18	3 5	3	R	16E	E/W
Distance and direction from nearest town or city street address of well if located within city?															
3 mile	es sout	th and ½	mile eas	st of	Melve	ern									
2 WATER	WELL OW		Shelinba												
,	Idress, Box	# : 3359	9 S. Croc	co Rd	l					Board	of Agricultu	re, Divisi	on of \	Water Re	sources
City, State,		: Melv	ern, Ks.	6651	0						ation Numb				
3 LOCATE WELL'S LOCATION WITH 4 DEPTH OF COMPLETED WELL															
AN "X" IN	I SECTION I N	BOX:	Depth(s) Ground	dwater E	ncountered	3 1			ft. 2			ft. 3			ft.
	T 1	1	WELL'S STATIC												
	Pump test data: Well water was														
	- NW NE - WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well											٥.			
	;	1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)													
VV	W														
- SW SE Was a chemical/hacteriological sample submitted to Department? Vas - No. X - If yes molday/yrs sample was sub-															
	SW SE Was a chemical/bacteriological sample submitted to Department? Yes NoX; If yes, mo/day/yrs sample was su Water Well Disinfected? Yes x No													vas sub-	
E	S	10000													
1 Stee		:ASING USED: 3 RMP (SI		5 Wrou	•		3 Conci		(OW)	CASING	G JOINTS:				
2 PVC							9 Other (specify belo								
Blank casir	– ng diameter .	5	in. to		ft., Dia								in.	. to	ft.
Casing heigh	ght above la	nd surface	24	in., v	weight2	82			lbs./f	ft. Wall th	nickness or	guage N	o .	.2.5.8	
TYPE OF S	SCREEN OF	RPERFORATIO	N MATERIAL:				7 P			10) Asbestos	-Cement			
1 Stee	1 Steel 3 Stainless Steel 5 Fiberglass						8 RMP (SR)			11 Other (Specify)					
2 Bras	s	4 Galvaniz	zed Steel	6 Conc	rete tile		9 A	38		12	None use	d (open l	hole)		
SCREEN C	R PERFOR	ATION OPENI	NGS ARE:			uazed w				Saw cut		11	None	(open h	ole)
	inuous slot		Mill slot			/ire wrap orch cut	•			Other (e	oles pecify)				4
	ered shutter		(ey punched							,					
SCREEN-F	PERFORATE	D INTERVALS	: From1	.b.U	ft. to		.1.9.0	ft., Fro	om			ft. to			ft.
	RAVEL PAG	CK INTERVALS													
			From												
0001	TAMEDIA								4 0.1						
Grout Inter	T MATERIA	L: INea	t cement ft. to 2.4	l 2 Ce	ment grout	20	3 Ber	tonite 1 4	4 Otr	ner 4				••••••	
				K II	, From	. 2	II.								
What is the nearest source of possible contamination:							10 Livestock pens11 Fuel storage					14 Abandoned water well			
1 Septic tank 4 Lateral lines 7 Pit privy 2 Sewer lines 5 Cess pool 8 Sewage									rtilizer s			16 Othe			*()
2 Sewer lines 5 Cess pool 8 Sewage 3 Watertight sewer lines 6 Seepage pit 9 Feedyard							OH			storage			٠.	•	,
Direction from well? south										et? 12		•••••			
FROM	TO	Soucii	LITHOLOGIC	LOG		F	ROM	то	lany ioc	. 12	PLUGGIN	IG INTER	RVALS		
0	1	top soi					44	147	aha	10 01					
1	5	clay br					47	191			rey li ne gre				
5	8		ne yellow	7			91	% ₩194							
8	36		ne grey				94	197			ey				
		shale q					97	199			ack				
5 45	66		ne grey				99	200	sha.		ey				
66	70	shale b					<u> </u>	200	Sua	re gr	EŽ				
70	72		ne grey												
72	87	shale g							1						
87	91		ne grey												
91	93	shale g													
93	105		ne white												
105	137	shale q													
137		_	new grey												
						ll was /	I) conet	ructed (2) =	'econotri	ucted or	(3) plugge	d under	my iur	iediation	and was
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) 11-21-05 and this record is true to the best of my knowledge and belief. Kansas															
Water Well Contractor's Licence No															
under the business name of Strader Drilling Co., Inc. by (signature)															
INSTRUC [*]	ΓΙΟΝS: Use type	writer or ball point p	en. <i>PLEASE PRESS FI</i>	IRMLY and	PRINT clearly. F	Please fill in	blanks, u	nderline or circle	the correc	ct answers	Send top three	copies to K	ansas D	epartment of	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 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 <u>constructed</u> well.															