		RECORD		WWC-5		ision of Wat	- 1				
Original	Record	Correction				ources App. 1			Well ID		
		WATER WEI	LL:	Fraction	Sec Sec	ction Numb	er	Township Numb		nge Number	
County: OTTAWA    Fraction   Section Number   Township Number   Range Number   Ra											
WELL OWNER: Last Name: OPAT First: ALLED Street or Rural Address where well is located (if unknown, distance and											
Business:	010	E CINI	ELLIN	, , , _ ,	direction from	nearest town o	or inters	section): If at owner	rs address,	Leter RD	
Business: Address: 819 E. CLAFLIN  Address: 819 E. CLAFLIN  Address: 210 E. CLAFLIN  Address: 210 E. CLAFLIN											
City: SALINA State: 85 ZIP: 67401 AND 210 RB NORTH STOP SOUTHER											
	E WELL	4 5 5 5 5 5	T OF CO.	MPLETED WELL:	107	F T -454	4			(desired desires)	
WITH "		4 DEPTE	1 OF CON	Encountered: 1)		. 5 Laut		••••••••••••••••••••••••••••••••••••••			
SECTIO	N BOX:	Depin(s) G	tomiowater.	3) ft., or 4) [	7 Dry Well		Longitude:				
1	1	WFI 1 '2 S	TATIC WA	TER LEVEL: さら	ft.	1		Latitude/Longitude		IND 21	
		land surface	e, measured on (mo-day-	yr) <b>Q.L.:2.i.</b> :/			mit make/model:		)		
NW	above land surface, measured on (mo-day					(WAAS enabled? Tyes No)					
	Pump test data: Well water was					☐ Land Survey ☐ Topographic Map					
	E after hours pumping					Online Mapper:					
sw	W SE Well water was f										
	Estimated Viold: com					6 Elevation:					
	S Bore Hole Diameter:			10 in. to 107	27 ft. and Source: Land Survey GPS Topographic Map						
1 r	-			in. to	ft.	☐ Other					
WELL WATER TO BE USED AS:											
Domestic				ater Supply: well ID				d Water Supply: le			
House				ng: how many wells?				well ID			
	Lawn & Garden 7. Aquifer Recharge: well ID  Livestock 8. Monitoring: well ID										
Livesto			tal Remediation: well II								
☐ Irrigati		Extraction	b) Open Loop Surface Discharge Inj. of Water								
☐ Industr			Air Sparg Recovery	<u> </u>				specify):			
'as a chemical/bacteriological sample submitted to KDHE?  Yes No If yes, date sample was submitted:											
'ater well disinfected? X Yes \( \subseteq No											
TYPE OF CASING USED: Steel PVC Other CASING JOINTS: A Glued Clamped Welded Threaded											
using diameter											
ising height above land surface A in. Weight ILO lbs./ft. Wall thickness or gauge No. S.D.C. 24.											
YPE OF SCREEN OR PERFORATION MATERIAL:											
☐ Steel ☐ Stainless Steel ☐ Fiberglass ☐ PVC ☐ Other (Specify)											
☐ Brass ☐ Galvanized Steel ☐ Concrete tile ☐ None used (open hole)											
CREEN OR PERFORATION OPENINGS ARE:											
Continuous Slot Mill Slot 1005 Gauze Wrapped Torch Cut Drilled Holes Other (Specify)											
Louvered Shutter Key Punched Wire Wrapped Saw Cut None (Open Hole)  CREEN-PERFORATED INTERVALS: From											
GRAVEL PACK INTERVALS: From 2.4. ft. to 2.7 ft., From ft. to ft., From ft. to ft.											
GROUT MATERIAL: Neat cement Cement grout Bentonite Other											
nut Interv	ale: Erom	D ft	26	ft., From	ft to	ft. From	1	ft. to	ft.	,	
		ble contaminat		16., 1 1010		16., 1 201.	• • • • • • • • • • • • • • • • • • • •	16, 10	******* 164		
☐ Septic	•		Lateral Line	es 🔲 Pit Privy		Livestock Pe	ens	☐ Insection	cide Storage	,	
Sewer		. 🗖	Cess Pool	☐ Sewage Lag	goon 🔲	Fuel Storage	e	☐ Abando	oned Water	Well	
☐ Waterti	ight Sewer L	ines 🗆	Seepage Pit	☐ Feedyard		Fertilizer Sto	torage	🔲 Oil We	ll/Gas Well		
				DONE APAREN				2			
				Distance from we				ft.		C DETERMAN	
FROM	TO		LITHOLO	BEDWN	FROM	TO	LIII	IO. LOG (cont.) or	FLUGGIN	GINIEKVALS	
-	d	700 5			40						
1	107	SAIDDST		<u>UTI SANO LAY</u> CIGHT TANO			<del> </del>				
20	101			JUNE TAIL							
10/		SHALE	WENT.				<b></b>				
							<b> </b>				
					Notes:	L	1				
CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was Constructed, reconstructed, or plugged											
der my jurisdiction and was completed on (mo-day-year) 0/3											
insas War	ter Well Co	ontractor's Lic	ense No	This Wa	ter Well Red	cord was con	mplete	ed on (mo-day-ye	ar) <b>D.</b>	G. I I.V.	
					VIC.	J. Cleef	1.1.	Ilotto			
instructions; Send one copy to Water Well owner and retain one copy for your records. Submit fee of \$5.00 for each constructed well along with one (white) copy to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone (785) 296-3565.											
	•	dheks.gov/waterwell		water, Geology Section, 1000	KSA 82a-1		na, nausi	as oursz-rso/. reiepno		ed 9/10/2012	
Y ISH UN L	A. W. W. T. L. C. L. C.	managovi mater Well	· morvinuit		- NO(1 UA(1")				KUVIS	20 7/10/2014	