							NII	11-11
SALINE		WELL RECORD	Form WWC-5	KSA 82a-		lumbor	Pagge	Number
OCATION OF WATER WELL:	Fraction	16.4		24	Township I	number S	nange I R	EM
nty: And All Andrews Andrews Andrews And All Andrews A		lress of well if loca	100%	ריע		<u> </u>		·
noc and anodion nom noaros.			5	314 S.	Kodar			
ATER WELL OWNER: 50	tomon Corp			<u> </u>	, , , , , ,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
, St. Address, Box # :	POPOW 245	_			Board of	Agriculture, [Division of W	ater Resour
State, ZIP Code :	Solom	حلايها			Application	n Number:		
OCATE WELL'S LOCATION WI'N "X" IN SECTION BOX:	Depth(s) Groundwa		1222	: 🕽 ft. 2			on Area of the	,
NW NE		test data: Well w		ft. af	ter	. hours pu	mping	gp
	Est. Yield		vater was	ft. af	ter	. hours pu	mping	gp
w	WELL WATER TO						το Injection wel	
	1 Domestic	3 Feedlot	5 Public wate 6 Oil field wat		 Air conditioning Dewatering 	J	,	
SW SE	2 Irrigation	4 Industrial			Monitoring we		Other (Speci	ily below)
	Was a chemical/ba							amala waa a
<u> </u>	mitted	cteriological samp	ile subiliilled to De		er Well Disinfec	=	• •	× was s
YPE OF BLANK CASING USE		5 Wrought iron	8 Concre			DINTS: Glue		mped
1 Steel 3 RMP		6 Asbestos-Ceme		specify below		Weld		
(2)PVC 4 ABS	• •	7 Fiberglass		•		Threa	ded. X	
k casing diameter	· · · · ·	ft., Dia			ft., Dia		,	
ng height above land surface		n., weight . 5,07	\40	Ibs./f	t. Wall thickness	or gauge N)	
E OF SCREEN OR PERFORAT		, ,	7) PV			bestos-ceme		
1 Steel 3 Stain	less steel 5	5 Fiberglass	8 RM	P (SR)	11 0	her (specify)		
2 Brass 4 Galva		6 Concrete tile	9 ABS			one used (op		
EEN OR PERFORATION OPE	NINGS ARE	5 C-					•	
REEN OH PEHFORATION OPE		5 Ga	auzed wrapped		8 Saw cut		11 None (d	open hole)
	Mill slot		auzed wrapped ire wrapped		8 Saw cut 9 Drilled holes	i	11 None (d	open hole)
1 Continuous slot	Mill slot	6 W i			9 Drilled holes			
1 Continuous slot 2 Louvered shutter	Mill slot 4 Key punched	6 W i	ire wrapped	ft., Fron		fy)		
1 Continuous slot 2 Louvered shutter	Mill slot 4 Key punched	6 Wi 7 To	ire wrapped orch cut 7, 2		9 Drilled holes 10 Other (speci	fy) ft. t	· · · · · · · · · · · · · · · · · · ·	
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by (signature) under the business name of INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT 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, Topeka, Kansas 66620-0001. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.

Water Well Contractor's License No.