			WATI	ER WELL RECORD	Form WW	C-5 KSA 82	a-1212		
		TER WELL:	Fraction			Section Number		umber	Range Number
County:	Saliı	ne	NW 1	4 NW 1/4	SW 1/4	36	т 13	S	R 3 € (W)
Distance	and direction	n from nearest to	wn or city street	address of well if local	ted within ci	y?			
	120	<u>East Diamor</u>	nd Dr. Sal	ina, Kansas					
2 WATE	R WELL OV	WNER: Tripl	lett Inc.				**************************************	***	
AR#, St.	Address, Bo	ox # : 639 1	N. Ohio				Board of A	maine elle en a	Studente et Maria e e
Cinc Stat	a ZIP Code	· Solir	na Kamene	67401					Division of Water Resource
LOCAT	E WELL'S L	OCATION WITH	4 DERTH OF	20101	25		Application	Number:	tt.
AN "X	' IN SECTIO	N BOX:	Don't (a) Com	OMPLETED WELL.		· ft. ELEVA	ITION:	• • • • • • • •	• • • • • • • • • • • • • • • • • • •
[7	Depth(s) Ground	awater Encountered	1		2	ft. 3	
†	i		MELLO SIAIIC	WATER LEVEL	·*Y.•.Y 1	t. below land su	face measured on	mo/day/yr	10-07-94
]	NW	NE	Pum	p test data: Well wa	ter was		ifter	hours pur	mping gpm
1 [i	1 1	Est. Yield	gpm: Well wa	ter was	ft. a	ifter	hours pur	mping com
ž w	}	F	Bore Hole Diam	eter8in. to		25t.,	and	in.	to
ξ " [Χ!	! "	WELL WATER	TO BE USED AS:		rater supply	8 Air conditioning		Injection well
- I	SW:	SE	1 Domestic	3 Feedlot	6 Oil field	water supply			Other (Specify below)
	144	;;	2 Irrigation	4 Industrial	7 Lawn ar	id garden only	10)Monitoring well		•••••••••••••••
	i		Was a chemical	bacteriological sample	submitted to	Decartment? Y	es No X	· If yes	mo/day/yr sample was sub
•		5	mitted	,			ter Well Disinfected		No X
TYPE	OF BLANK	CASING USED:		5 Wrought iron	8 Co	ncrete tile			Clamped
		3 RMP (SI		6 Asbestos-Cement					•
(2)P	VC.	4 ABS				er (specify below		Welde	ed $\overset{X}{\ldots}$
Slank osc	ina diamatan		in. to	7 Fiberglass				Threa	ded
Saile Cas	ing claineter	and auden	······ · · · · · · · · · · · · · · · ·	γπ., Dia	in.	to	ft., Dia	i	n. to ft.
rasing ne	CODEEN O	and sunace		.in., weight	·····	ibs./	ft. Wall thickness o	r gauge No	sch. 40
		R PERFORATION			-	PVC	10 Asbe	stos-ceme	nt
1 St		3 Stainless		5 Fiberglass	8	RMP (SR)		r (specify)	· • • • • • • • • • • • • • • • • • • •
2 Br		4 Galvaniz		6 Concrete tile		ABS		used (ope	en hole)
		RATION OPENIN					8 Saw cut		11 None (open hole)
1 C	ontinuous sid	` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `	iil slot	6 Wire	wrapped		9 Drilled holes		
2 Lo	uvered shutt	er 4 Ke		7 Torci			10 Other (specify)		· • • • • • • • • • • • • • • • • • • •
CREEN-	PERFORATI	ED INTERVALS:	From	15 ft. to.		2.5 ft., From	n	ft. to	
			From	ft. to .		ft., From	Π	ft. to	
(GRAVEL PA	CK INTERVALS:	From	13 ft. to .		25 ft From	n	ft to	
			From						
GROU	MATERIAL	: 1 Neat c		2)Cement grout	(3 Re	ntonite &		76, 10	ft.
Brout Inter	rvals: From			ft From		*n 13	6 Essen		. ft. to
Vhat is th	e nearest so	urce of possible	contamination:						
	ptic tank	4 Latera		7 Pit privy		(1) E. a.	ock pens	14 AD	andoned water well
	wer lines	5 Cess				TI PUBL S	storage		
		er lines 6 Seepa	•	8 Sewage lag	ocn		zer storage	16 Otl	ner (specify below)
	•	er mies o seeba	age pit	9 Feedyard	•		icide storage		• • • • • • • • • • • • • • • • • • • •
FROM	rom well?		LITHOLOGIC	100	T ====	How mar			
	1	01 3			FROM	TO	PLU	IGGING IN	TERVALS
0	<u> </u>	CIY, med	brn, v sil	ty, mod org,					
				grv1, tr f-c	<u>snd</u>			~~~~	
<u>z</u>	3 .			v silty, damp				***************************************	
3	7			ty, tr v f sno	1,		•		
		sl-mod pl	Lastic						
	20	Cly, med	brn, v sil	ty, moist, sl					* j
			t, mod plst						
20	25			oran tint, v					
				mat, sat @ 20)				
					<u> </u>				
							NAT T 1	T7 1 1	
								Flushmo	ount.
							Don Ta	yıor	
					-		· ·		· · · · · · · · · · · · · · · · · · ·
لـــــــــــــــــــــــــــــــــــــ								·	
CONTR	ACTOR'S O	R LANDOWNER	SCERTIFICATION	ON: This water well wa	as (1) const	ructed, (2) recon	structed, or (3) plu	aged under	my jurisdiction and was
ompleted	on (mo/day/y	/ear)	L 4 = O / = 94						viedge and belief. Kansas
ater Well	Contractor's	License No	527	This Water W		vas completed or	(mo/day/vr)	,	
	ousiness nan		re Services, Ir	nc.		by (signatu	2.1.	000	· • • • • • • • • • • • • • • • • • • •
INSTRU	CTIONS: Use tvr	pewriter or ball point or	en. PLEASE PRESS EI	RMLY and PRINT clearly. Ple	ase fill in bla-			1 100	
of Health	and Environme	ent, Bureau of Water, T	opeka, Kansas 66620	1-0001. Telephone: 913-296-5	545. Send one	to WATER WELL OW	NER and retain one for	u top inree co your records.	ppies to Kansas Department