		WA	TER WELL RECO	ORD Form V	/WC-5 K	(SA 82a-12	212 ID No).		
1 LOCATI	ON OF WAT		Fraction			1	on Number	Township Number	Range Number	
County:	SALINE		SW 1/4	NE 14	NW 14		31	T 14 S	R 2V E/W	
Distance and direction from nearest town or city street address of well if located within city?										
2417 KITCHELL DR.										
2 WATER WELL OWNER: JANES ROUDYBUSH										
RR#, St. Address, Box # : 2417 MITCHELL DR . Board of Agriculture, Division of Water Resources										
City, State,	ZIP Code	: SALINA	,KS. 67401					Application Number:		
3 LOCATE WELL'S LOCATION WITH 4 DEPTH OF COMPLETED WELL										
AN "X" IN SECTION BOX: Depth(s) Groundwater Encountered 1 18 ft. 2 ft. 2 ft. 3 4-05-04 ft. WELL'S STATIC WATER LEVEL ft. below land surface measured on mo/day/yr ft. Pump test data: Well water was 20 ft. after 1 hours pumping 25 gpm										
N WELL'S STATIC WATER LEVEL 18										
	Pump test data: Well water was20									
	X Section Est. Yield									
	NW NE WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well								•	
	1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)									
w	W E 2 Irrigation 4 Industrial 7 Domestic (lawn & garden) 10 Monitoring well									
	- SW SE Was a chemical/bacteriological sample submitted to Department? Yes No .X; If yes, mo/day/yrs sample was s									
	Water Well Disinfected? Yes X No									
S I										
		ASING USED:		5 Wrought iron		8 Concret			dX Clamped	
1 Steel		3 RMP (SI	H)	6 Asbestos-Ce			pecify below)	•	ded aded	
2 PVC		4 ABS		7 Fiberglass						
Blank casin	ıg diameter .		in. to	fl.	, Dia	1.60	in. to	ft., Dia	π. in. toπ.	
Casing heig	ght above la	nd surface	18	in., weight		100		lbs./ft. Wall thickness or gua		
TYPE OF S	CREEN OF	PERFORATIO	N MATERIAL:			<u>7 PVC</u>		10 Asbestos-Cen		
1 Stee	I	3 Stainles				8 RMP (SR)			·)	
2 Bras	s	4 Galvaniz	ed Steel	6 Concrete tile		9 ABS	i	12 None used (or	pen hole)	
SCREEN OR PERFORATION OPENINGS ARE: 5 Guazed wrapped 8 Saw cut 11 None (open hole)										
1 Continuous slot 3 Mill slot 025 6 Wire wrapped 9 Drilled holes										
2 Lauvered shutter 4 Key punched 7 Torch cut 10 Other (specify)										
43 46										
SCREEN-PERFORATED INTERVALS: From										
From										
Fromft. toft., Fromft. toft.										
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other										
Grout Intervals: From										
What is the	nearest sou	rce of possible	contamination:				10 Livest	ock pens 14 /	Abandoned water well	
1 Septic tank 4 La					it privy	11 Fuel st		torage 15 (Oil well/Gas well	
-					Sewage lago	•		zer storage 16 (Other (specify below)	
						•				
3_Watertight sewer_lines_6_Seepage pit 9 Feedyard 13 Insecticide storage								•		
				1.00		DOM		7 1001.	ITEDVALC	
FROM	то	TO CA TACAM	LITHOLOGIC	LUG	'	FROM	то	PLUGGING IN	TERVALS	
0	3	FILL DIK						<u> </u>		
3	18	CLAY GRA								
18	50		E TO COARS:	i TAN						
50		CLAY GRA	Υ							
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				•						
7 CONTRA	AOTOD:0.0	D L ANDCHA	DIO ACCTICIO	TION: This	المسا	1\	atod (0)	notrupled as (0) shares	dan mu kurladistiaa aad	
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)										
completed o	n (mo/day/y	ear)					and this red	cord is true to the best of my k	nowledge and belief, Kansas	
Water Well	Contractor's	Licence No	388	Thi ያਾውህ ተረጭ	s Water We	i Hecord v	vas complete	d on (mo/day yr)		
under the bi	usiness nam	e of TESTIN	CER PUMP S	SULATOR			by (:	signature Quef//	wing -	
INSTRUCT	IONS: Use type	writer or ball point pe	en. <u>PLEASE PRESS F</u> I	RMLY and <u>PBINT</u> cle	arly. Please fill in	blanks, unde	rline or circle the	correct answers. Send top three copie	s 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 constructed well.									
		REHEITWALES WEIL	-							