		W	ATER WELL REC	ORD Form WWC	C-5 KSA 82	a-1212 ID I	No			
		TER WELL:	Fraction			ection Number		- 1	Range Number	
County: §			Near 40		1/4	30	T 14	S	R 2 ¥€/W	
			•	ddress of well if loca	ted within city?					
		NER: Ron I	anglewood							
			Tanglewoo	δa					N	
City, State,	ZIP Code	:Salin	a, Ks. 6	7401			Application N	umber:	Division of Water Resources	
			4 DEPTH OF C	OMPLETED WELL	52	ft. ELEV	ATION:			
AN "X" IN	SECTION N	BOX:	Depth(s) Groun	dwater Encountered	2 1		ft. 2	ft. 3	4/11/06 ft.	
w	Pump test data: Well water was								umping gpm umping gpm njection well Other (Specify below)	
Was a chemical/bacteriological sample submitted to Department? Yes NoX; If yes, mo/day/yrs samp mitted Water Well Disinfected? Yes X I										
5 TYPE C	DE BLANK (	CASING USED:	L	5 Wrought iron	8 Con	rete tile	CASING IOIN	TS: Glue	d Clamped	
				6 Asbestos-Cemen	t 9 Othe	r (specify below	specify below) Welded			
XPVC 4 ABS				7 Fiberglass						
									ft.	
	-	ind surface R PERFORATIO		in., weight					<sub>je No.</sub> .214	
		3 Stainles		5 Fiberglass	<b>X</b> F	10 Asbestos-Cement 11 Other (Specify)				
				5 Fiberglass 8 RMP (S 6 Concrete tile 9 ABS			12 None used (open hole)			
									11 None (open hole)	
1 Continuous slot X Mill slot 6 Wire wrapped 9 Drilled holes									, ,	
2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify)										
SCREEN-PERFORATED INTERVALS: From										
Fromft. toft. Fromft. to										
	A. D. C.	OK IIVI ZI IVI Z	From	ft. to		ft., Fron	n	ft. to	ft.	
	T MATERIA		at cement	2 Cement grout		ntonite				
Grout Intervals: From										
							Abandoned water well			
2 Sewer lines 5 Cess pool  X Watertight sewer lines 6 Seepage pit							Fertilizer storage 16 Other (specify below) Insecticide storage			
Direction from well? North  Seepage pit  Feedyard  Forested to the seepage pit  Forested to the seepage										
FROM	TO	OI CII	LITHOLOGIC	LOG	FROM	ТО			ITERVALS	
0	2	Topsoil								
2	31	Clay, t		1 1101						
31	51		ine to me	edium						
51	55		gray							
		•								
					-					
7 CONTR	ACTOR'S O	R LANDOWNE	ER'S CERTIFICAT	ION: This water we	ll was (X cons	tructed, (2) red	constructed or (3) plu	aged una	der my jurisdiction and was	
completed o Water Well	n (mo/day/y	rear) <b>4 / .1</b> 1 Licence No	1/06 138		ater Well Reco	and this r d was complet	ecord is true to the bes		pwledge and belief. Kansas	
							11/4	three copies	s to Kansas Department of Health	
		F (P							.,	

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.