Form \\\\\\C-5P

KS4 829-1212

ID NO PZ-7

					0.	
1 LOC	CATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Nu	mber
County:	Saline	SW4 NW4 NW4	30	14	2	₽Ŵ
Distance ar	nd direction from nearest town or	city street address of well if loca		<u> </u>	<u> </u>	
2013	S. Ohio S	Salina KS	67401			
2 WAT	TER WELL OWNER: South	-	nder			
	St. Address, Box #: 2013	,	•	, Division of Water Resource	200	
		KS 67401	Application Number			
	RK WELL'S LOCATION WITH	4 DEPTH OF WELL	35 ft.			
AN '	"X" IN SECTION BOX:	WELL'S STATIC WATE	R LEVEL NA ft.			
	N	WELL WAS USED AS:				
X.	NW NE					
	NW	1 Domestic 2 Irrigation	5 Public Water Supply6 Oil Field Water Supply			
w	E	3 Feedlot 4 Industrial	7 Domestic (Lawn & G 8 Air Conditioning		Well	
		*	·			
	SW ———— SE ———	Was a chemical / bacteriolo	gical sample submitted to De	epartment? Yes	Vo	
,	S	Water Well Disinfected: Ye	3S No	•		
5 TYP	E OF BLANK CASING USED:			-		
 1_ <u>S</u>	teel 3 RMP (SR) 5 Wr	ought 7 Fibergla	ass 9 Other (Specify b	elow)		
(2 P	VC 4 ABS 6 Asi	bestos-Cement 8 Concre				
	nk casing diameterin. ing height above or below and su	Was casing pulled?		If yes, how mu	ch3′	•••••
		<u> </u>				
١٠	·	eat cement 2 Cement grown 35 ft. to 35 ft.		Other ft., From		 ft.
	t is the nearest source of possible		, 170111	It., FIOIII		۱۱.
	Septic tank	6 Seepage pit	Fuel storage	16 Other (spe	cify below)	
2 Sewer lines3 Watertight sewer lines		7 Pit privy	12 Fértilizer storage			
	Lateral lines	8 Sewage lagoon9 Feedyard	13 Insecticide storage14 Abandoned water			
	Cess pool	10 Livestock pens	15 Oil well/Gas well			
Dire	ction from well?	How many	feet?	······································		
FROM	TO PL	UGGING MATERIALS				
35 '	3' Bentoni					
	0'	te chips				
3`_	O' Native	material				
	·					
				•		
7 000	TRACTORIO OF LAVIDOVINI	TOLO OFFICIAL TICK			1	
// (mo/	TRACTOR'S OF LANDOWNE		and this record is tru	e to the best of my knowle	edge and belief. K	(ansas
Wate	r Well Contractor's License No	a husiness name of Gree	This Wa	ater Well Record was com	pleted on (mo/day	y/year)
by (s	ignature)	o pusiness name or		÷.k.93		

INSTRUCTIONS: Use typewriter or ball point pen. <u>Please press firmly</u> and <u>print</u> 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, Geology Section, 1000 SW Jackson St. Ste. 420. Topeka Kansas 66612-1367. Telephone: 785/296-5522. Send one to Water Well Owner and retain one for your records.