WATER WELL REC		Form WWC-5		Division of Wate	r Resources; App. No.		
1 LOCATION OF WAT County:	ER WELL: Fra	action	<b>)</b> , [	Section Number	Township Number T 14 S	Range Number R 2 W E/W	
Distance and direction from nearest town or city street address of well if				Global Positioning Systems (decimal degrees, min. of 4 digits)			
located within city? 2245 FALCON VIEW				Latitude: Longitude:			
2 WATER WELL OWNER: RAWDY LUETH RR#, St. Address, Box # : 22 45 FALCONVIEW City, State, ZIP Code : CALINA, KJ 60401				Elevation:			
RR#, St. Address, Box	# : 22 VIT FAL	CONVIEW		Datum:			
City, State, ZIP Code	SALINA	KS 10240	)	Data Collection	Method:		
3 LOCATE WELL'S 4 DEPTH OF COMPLETED WELL							
LOCATION							
WITH AN "X" IN SECTION BOX:							
Pump test data: Well water was							
WELL WATER TO DE USER AS: 5 Public water gunnly 9 Air conditioning 11 Injection well							
WELL WATER TO BE USED AS: 3 Futile water supply 8 All conditioning 11 injection well 9 Dewatering 12 Other (Specify below							
2 Irrigation 4 Industrial 7 Domestic (lawn & garden) 10 Monitoring well							
Was a chemical/bacteriological sample submitted to Department? Yes No; If yes, mo/day/yrs							
Sample was submitted							
5 TYPE OF CASING USED: 5 Wrought Iron 8 Concrete tile CASING JOINTS: GluedX Clamped							
1 Steel 3 RMP	(SR) 6 Asbestos-Cem	ent 9 Other (sr	e me secify b	relow)	Welded	Clamped	
2 PVC 4 ABS 7 Fiberglass Threaded							
Blank casing diameter in. to i							
Casing height above land surface							
TYPE OF SCREEN OR PE	ERFORATION MATERIA	L:					
	ess Steel 5 Fiberglass			BS			
2 Brass 4 Galva SCREEN OR PERFORATI	inized Steal 6 Concrete t	tile 8 RM (SR)	10 A	sbestos-Cement	12 None used (open )	hole)	
		d wranned 7 Toro	h cut	9 Drilled holes	11 None (open ho	ale)	
1 Continuous slot 3 Mill slot 25 Gauzed wrapped 7 Torch cut 9 Drilled holes 11 None (open hole) 2 Louvered shutter 4 Key punched 6 Wire wrapped 8 Saw Cut 10 Other (specify)							
2 Louvered shutter 4 Key punched 6 Wire wrapped 8 Saw Cut 10 Other (specify)  SCREEN-PERFORATED INTERVALS: From							
From ft. to ft. From ft. to ft.							
GRAVEL PACK INTERVALS: From							
	From	ft. to	• • • • • • • •	ft., From	ft. to	ft.	
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other							
Grout Intervals: From							
1 Septic tank 4 Lateral lines 7 Pit privy 10 Livestock pens 13 Insecticide Storage 16 Other (specify							
2 Sewer lines			uel sto		andoned water well	below)	
3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer Storage 15 Oil well/gas well Direction from well? How many feet?							
FROM TO	LITHOLOGIC LOC	3 F	ROM	ТО	PLUGGING INTE	RVALS	
	1 DIET						
3 18 SA	UDY SILTY LO	OM TAN					
14 50 JA	WD FINE TO M	NES, JAN					
50 51 Ch	AY GRAY						
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed. (2) reconstructed. or (3) plugged							
7 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) 2							
Kansas Water Well Contractor's License No This Water Well Record was completed on (mo/day/year)							
under the business name of PLST INGE PUMP SERVICE by (signature) Securities or circle the oriect answers. Send top							
INSTRUCTIONS: Use typewrite	er or ball point pen. PLEASE PR	RESS FIRMLY and PRIN	T clearly	<ol> <li>Please fill in blanks</li> </ol>	, underline or circle the	rect answers. Send top	
three copies 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. Visit us at							
http://www.kdheks.gov/waterwell/index.html.							