													W-11	
				WAT	ER WELL REC	ORD For	m WWC-5	KSA 82a	-1212 ID I	No				
	ON OF WATE			Fraction				ection Numbe		nship Number	Ra	nge Numb	er	
County:	Sa	aline				1/4 NW		20	Т	14 s	R	2	W	
Distance and direction from nearest town or city street address of well if located within city? 657 Fairdale, Salina														
	WELL OWNE		ik She	on Inc										
					Ie.				Board	of Agriculture	Division of V	Votor Poss		
RR#, St. Address, Box # : 734 East 4 th Avenue City, State, ZIP Code : Hutchinson, KS 67504-1927 3 LOCATE WELL'S LOCATON WITH A DEPTH OF COMPLETED WELL X Depth(s) Groundwater Encountered 1 24.5 ft. 2 ft. 3 WELL'S STATIC WATER LEVEL ft. below land surface measured on mo/day/yr														
3 LOCATE	WELL'S LO	CATON V	VITH					_	/ фрно	ation Hambon.				
AN "X" II	N SECTION E	BOX:	.	DEPTH OF (COMPLETED	WELL	4	0 ft. ELE	EVATION:					
1	x ¦	!	De	epth(s) Ground	dwater Encou	ntered 1	2	4.5	ft. 2	f	t. 3		ft.	
	NW	NE	l I ^w	WELL'S STATIC WATER LEVEL				ft. below land surface measured on mo/day/yr						
E Es				Pump test data: Well water was				ft. after hours pumping					gpm	
E Es				Est. Yield gpm: Well water was				ft. after hours pumping					gpm	
	sw	., SE	W	ELL WATER	TO BE USED	AS: 5 Pu	blic water	supply	tt. and	conditioning	In. to	on well	n.	
				1 Domestic 3 Feed lot 6 Oil field				40 ft. and in. to ft. vater supply 8 Air conditioning 11 Injection well water supply 9 Dewatering 12 Other (Specify below)						
\ \ \			i	2 Irrigation	4 Industri	ial 7 La	wn and ga	rden (domes	tic) 10 Mo	onitoring well	<u> </u>	-		
2 Irrigation 4 Industrial 7 Lawn and garden (domestic) 10 Monitoring well Was a chemical/bacteriological sample submitted to Department? Yes No X If yes, mo/day/yr sample was														
submitted Water Well Disinfected? Yes No X														
5 TYPE O	F BLANK CAS	SING USE	ED:		•	nt Iron				NG JOINTS: G	lued	Clamped	1	
1 Ste		_ 3 R	MP (SR)	6 Asbesto			r (specify be			/elded			
2 PV		4 A			7 Fibergla	ass				Th	readed	Flush	1	
Blank casing	g diameter	2	in.	. to 15	ft., Dia	a	in	. to	ft., Dia		in. to		ft.	
Casing heig	ht above land	surface	Flus	hmount	in., weight	0	703	lbs./ft	. Wall thick	ness or gauge 0 Asbestos-ce	No.	SCH. 40)	
1														
1 Ste			tainless	steel	5 Fibergla	9SS	8	RMP (SR)	1	1 Other (spec	ify)			
2 Bra	iss R PERFORA ⁻	4 G TION OPF	aivanize =NINGS	d steel	6 Concre	te tile 5 Gauzei	9 wranned	ABS	8 Saw	2 None used cut	(open hole) 11 Nor	e (onen h	ole)	
	ntinuous slot			l slot					9 Drille		11 1401	ie (open ii	ле)	
1	vered shutter			y punched		7 Torch								
2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify) SCREEN-PERFORATED INTERVALS: From 15 ft. to 40 ft. From ft. to ft.														
GRA	AVEL PACK I	NTERVA	LS:	From	12.5 f	t. to	40	ft.	From		ft. to		ft.	
				ent 2				ntonite	4 Other					
Grout Interv	als From	0.5	ft. t	o 12.5	ft. From		ft.	to	ft.	From	ft. to		ft.	
What is the	nearest sourc	e of possi	ible cont	tamination:				10 Live	stock pens	14	Abandoned	water well		
	otic tank			4 Lateral lines 7 Pit privy				11 Fuel	•	15 Oil well/ Gas well				
	wer lines tertight sewer	lines		Cess pool 8 Sewage lagoo Seepage pit 9 Feedyard					ilizer storage		16 Other (specify below)			
Direction fro	•	illes	0	Seepage pit	9	reedyard		How man	cticide stora	ge				
FROM	TO	CODE		LITHOL	OGIC LOG		FROM		y leet:	PLUGGING	SINTERVAL	.S		
0	1		Tops	oil										
1	12.5	ML		race sand, b						,				
12.5	40	CL	1	ith some	Clay, trace	sand,								
12.5		- CL	DIOWII	-orange		• • • • • • • • • • • • • • • • • • • •								
				-					 					
								-				· · · · · · · · · · · · · · · · · · ·		
													-	
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was														
completed or	n (mo/day/yr)			12/2	0/07		and t	his record is	true to the b	est of my know	ledge and b	elief. Kans	sas	
).		531			Water Well R				01/09/	/08	
Water Well Contractor's License No. 531 This Water Well Record was completed on (mo/day/yr) 01/09/08 under the business name of Geotechnical Services Inc. by (signature) 5 Water Well Record was completed on (mo/day/yr) 01/09/08 INSTRUCTIONS: Please fill in blanks and circle the correct answers. Send three copies to Kansas Department of Health and Environment, Bureau of Water, 1000 S W														
										nd Environment retain one for yo		ater, 1000 \$	s W	

OFFICE USE ONLY

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