WATER WELL REC		Form WWC-	-5	Division of	of Water	Resources; App. No.		
1 LOCATION OF WATER WELL: County: SALIVE		Fraction	IW 1/4	Section Number To		Township Number T S	Range Number R <b>2</b> E/W	
Distance and direction from nearest town or city street address of well if located within city? # SG WILDCAT CIECLE Longitude:  Latitude:  Longitude:								
2 WATER WELL OV								
RR#, St. Address, Box # :# 19 1011		LACAT CIECA	Datum:					
City, State, ZIP Code	SALINA	9 <b>X</b> S		Pata Colle		Method:		
3 LOCATE WELL'S LOCATION	4 DEPTH OF COM	PLETED WELL			ft.			
WITH AN "X" IN	Depth(s) Groundwater	r Encountered (1)	16	ft. (2	2)	ft. (3)	ft.	
SECTION BOX:	Depth(s) Groundwater Encountered (1)							
	Pump test data: Well water was							
NW NE	WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well							
W X E								
Was a chemical/bacteriological sample submitted to Department? Yes No; If yes, mo/day/yrs Sample was submitted								
S	Sample was submitted	l	. Water	well disinfe	ected?	Yes A No	•••	
5 TYPE OF CASING U	JSED: 5 Wrought	Iron 8 Conc -Cement 9 Other	rete tile	C	CASING	JOINTS: Glued	Clamped	
1 Steel 3 RM	(specify l	oelow)		Welded				
2 PVC 4 ABS 7 Fiberglass Threaded								
Blank casing diameter in to ft., Diameter in to ft., Diameter in to ft. Casing height above land surface in, Weight 160 lbs./ft. Wall thickness or guage No. S. D. C. Q. C.								
TYPE OF SCREEN OR PERFORATION MATERIAL:								
1 Steel 3 Stainless Steel 5 Fiberglass <u>7 PVC</u> 9 ABS 11 Other (Specify)								
SCREEN OR PERFORATION OPENINGS ARE:								
1 Continuous slot 3 Mill slot D25 5 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)  SCREEN-PERFORATED INTERVALS: From ft. to ft., From ft. to ft.								
From								
GRAVEL PACK INTERVALS: From								
rioni								
6 GROUT MATERIAL Grout Intervals: Fro	: 1 Neat cement 2	Cement grout 3. Ber	ntonite 4	Other		From	ft to ft	
Grout Intervals: From							11. 1011.	
1 Septic tank	2 2	0 Livesto	•			6 Other (specify		
2 Sewer lines 3 Watertight sewer		1 Fuel sto 2 Fertilize			andoned water well well/gas well	below)		
Direction from well?			Yow many		60	well/gas well		
FROM TO	LITHOLOGIC	CLOG	FROM	TO		PLUGGING INTE	RVALS	
	LL DIRT HY THIS JILT	TV	<u> </u>			RECEIVED		
	NO TAN MED					RECEIVED		
	ALE GRAY		**			DEC 17 2009		
			- 77	-			- F- F-	
					— BI	UREAU OF WAT	<u> </u>	
7 CONTRACTOR'S OF	R LANDOWNER'S CI	ERTIFICATION: T	his water v	vell was (1)	Lconstru	icted_(2) reconstructe	ed. or (3) plugged	
under my jurisdiction and	l was completed on (mo	/day/year)	19. and 1	his record i	s true to	the best of my know	ledge and belief.	
Kansas Water Well Contractor's License No. 3.0.1 This Water Well Record was completed on (mo/day/year) 12.05.09								
INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT 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., 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.								