WATER WELL RECORD	Form W	VWC-5	Division of Wate	r Resources App. N	0.
1 LOCATION OF WATER WE County: SALINE		E145W/A	Section Number	Township No.	
Street/Rural Address of Well Lo	Global Positioning	g System (GPS) in	nformation:		
from nearest town or intersection: If at owner's address, check here			Latitude: (in decimal degrees) Longitude: (in decimal degrees)		
2117 FAL	CONVIEW D	R	Elevation: Datum: WGS 84		••••
2 WATER WELL OWNER: KEN BOSS RR#, Street Address, Box #: 2117 FALCONVIEW DE.			Collection Method:		
City, State, ZIP Code) ic Map, ☐ Land Survey
	PALINA, KU	67401	Est. Accuracy:		
			-y ft		
SECTION BOX: Depth(s) Groundwater Encountered	(1)18.	ft. (2)	ft. ((3) ft.
WITH AN "X" IN SECTION BOX: N Pump test data: Well water was 20					
EST. Y	ELDgpm, Well wat	ter was	ft. after	hours pum	pinggpm
W E Bore Ho	ole Diameter	50f	t., andin.	to	.ft.
	WATER TO BE USED AS:				
SW SE					
Was a chemical/bacteriological sample submitted to Department? ☐ Yes ☑ No					
S If yes, mo/day/yr sample was submitted Water well disinfected? Yes No					
5 TYPE OF CASING USED: Steel YPVC Other					
CASING JOINTS: K Glued Clamped Welded Threaded					
Casing diameter					
Casing height above land surface					
☐ Steel ☐ Stainless Steel ☐ Other (Specify)					
☐ Brass ☐ Galvanized Steel ☐ None used (open hole) SCREEN OR PERFORATION OPENINGS ARE:					
Continuous slot Mill slot. 025 Gauze wrapped Torch cut Drilled holes None (open hole)					
Louvered shutter Key punched Wire wrapped Saw cut Other (specify) SCREEN-PERFORATED INTERVALS: From ft. to ft.					
From					
GRAVEL PACK INTERVALS: From					
6 GROUT MATERIAL: Neat cement Cement grout Bentonite Other					
Grout Intervals: From					
What is the nearest source of possible contamination: Septic tank Lateral lines Pit privy Livestock pens Insecticide storage Other (specify below)					
Sewer lines Cesspool Sewage lagoon Fuel storage Abandoned water well					
Watertight sewer lines Direction from well	Seepage pit	Fertilizer st			
	HOLOGIC LOG	FROM			JGGING INTERVALS
	er				
	AN BILTY				
	LOOM INE TO MED TA	AD			
	eay				
T CONTRACTORIC OR LAND	MAIEDIC CEDTIFICATI	ON. This	- wall was N	noted 🗖 == · · ·	
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, \Box reconstructed, or \Box plugged under my jurisdiction and was completed on (mo/day/year) 25					
Kansas Water Well Contractor's License No. 3.44					
under the business name of P.E.S.T., P.G.C.C					
(white, blue, pink) to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson S., Suite 420, Topeka, Kansas 66612-1367.					
Telephone 785-296-5522. Send one copy to WATER WELL OWNER and retain one for your records. Include fee of \$5.00 for each constructed well. Visit us at http://www.kdheks.gov/waterwell/index.html.					
KSA 82a-1212					