WATER WELL RECORD	Form WWC-5	Division of W	ater Resources; App. No.	
1 LOCATION OF WATER WELL:	Fraction NW 1/4 NW	Section Number		
County: SALIND	NW1/4 NW 1/4 NW	1/4	T 14 S R 2W E/W	
Distance and direction from nearest town or city street address of well if located within city?				
located within city? // OO E. ('RAW FORD			
2 WATER WELL OWNER: Ma No.	AIRC	Elevation:	Longitude: Elevation:	
RR#, St. Address, Box # : 1100 F	PRAWFORD	Datum:		
City, State, ZIP Code : DALID.	9, Ks 67401	Data Collection	on Method:	
3 LOCATE WELL'S 4 DEPTH OF COMPLETED WELL				
LOCATION				
WITH AN "X" IN Depth(s) Groundwater Encountered (1)				
SECTION BOX: WELL'S STATIC	: WELL'S STATIC WATER LEVEL. 30			
Est. Yield	Est. Yieldgpm: Well water was			
WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well				
W E Domestic 3			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				
S				
5 TYPE OF CASING USED: 5 Wrou	ght Iron 8 Concret	e tile CAS	ING JOINTS: Glued Clamped	
	stag Coment 0 Other (a	nagify halow)	Waldad	
2 PVC 4 ABS 7 Fiberglass Threaded				
Blank casing diameter 5 in. to 6 ft., Diameter in. to ft., Diameter in. to ft. Casing height above land surface in., Weight 16.0. lbs./ft. Wall thickness or guage No. 5.0.26.				
TYPE OF SCREEN OR PERFORATION MATERIAL:				
1 Steel 3 Stainless Steel 5 Fiberglass 7 PVC 9 ABS 11 Other (Specify)				
2 Brass 4 Galvanized Steal 6 Concrete tile 8 RM (SR) 10 Asbestos-Cement 12 None used (open hole)				
SCREEN OR PERFORATION OPENINGS			1137 (1.1)	
1 Continuous slot 3 Mill slot 232 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)				
From				
GRAVEL PACK INTERVALS: From				
From				
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other				
Grout Intervals: From				
What is the nearest source of possible contamination:				
<u> </u>			Insecticide storage 16 Other (specify	
2 Sewer lines 5 Cess pool 3 Watertight sewer lines 6 Seepage p		0	Abandoned water well below) Oil well/gas well	
Direction from well?				
FROM TO LITHOLO		FROM TO	PLUGGING INTERVALS	
O 3 FILE DIAT RI	ACK			
3 26 CLAY RPOWN				
26 SS JAIND FINE	TO MED. TAN			
35 CLAY GRAY				
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)				
Kansas Water Well Contractor's License No. (30) This Water Well Record was completed on (mo/day/year)				
under the business name of PESTINGER PUMP SERVICE by (signature) Your A SILVICE				
INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks, underline or circle the orrect 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.				