WATER WELL RECORI	Form WWC-5	Division of	of Water		
Original Record Correction	n Change in Well Use	Resources	App. No.	Well ID	
1 LOCATION OF WATER WELL: Fraction Section Number Township Number Range Number					
County: SALINE NEWNEWSW/ 31 T/4 S R2 DEDXW					
2 WELL OWNER: Last Name: LACEY First: SRACK Street or Rural Address where well is located (if unknown, distance and					
Business: 12 17 CHOA	FLUOT DE.	direction from nearest	town or intersection): If at owner	's address, check here: 🔀	
Business: 1217 SHOPELLINE DE. Address: 0211134 SHOPELLINE DE. Address: 0211134 SHOPELLINE DE.					
City: SALINA	State: 5 ZIP: 67401	10/1/	JHORKELINE	DC.	
2 7 0 0 4 mm 17 mm 7		<i></i>			
WITH "Y" IN 4 DEP	TH OF COMPLETED WELL:		Latitude:		
	Groundwater Encountered: 1)		Longitude:	(decimal degrees)	
	STATIC WATER LEVEL:		Horizontal Datum: WGS 84 Source for Latitude/Longitude:		
	below land surface, measured on (mo-day-yr) C4-C4- GPS (unit make/model:				
NWNE abov	above land surface, measured on (mo-day-yr)		(WAAS enabled? ☐ Yes ☐ No)		
Pump tes	Pump test data: Well water was		☐ Land Survey ☐ Topographic Map		
W E afte	after hours pumping		☐ Online Mapper:		
0777 077	Well water was fl				
	r hours pumpingd Yield:gpm	gpm 6	Elevation:ft.	☐ Ground Level ☐ TOC	
S Bore Ho	le Diameter:		Source: Land Survey G		
1 mile	in. to	ft.	☐ Other		
7 WELL WATER TO BE USED AS:					
1. Domestic: 5	. Public Water Supply: well ID). Oil Field Water Supply: lea	ase	
	. Dewatering: how many wells?		. Test Hole: well ID		
	. Aquifer Recharge: well ID		☐ Cased ☐ Uncased ☐ G		
	. Monitoring: well ID		2. Geothermal: how many bores?		
2. ☐ Irrigation 9 3. ☐ Feedlot	. Environmental Remediation: well ID ☐ Air Sparge ☐ Soil Vapor E		a) Closed Loop ☐ Horizontab) Open Loop ☐ Surface Dis		
4. ☐ Industrial	Recovery Injection		6. Other (specify):	charge Inj. of water	
Was a chemical/bacteriological sample submitted to KDHE? ☐ Yes ☐ No If yes, date sample was submitted:					
Water well disinfected? Yes □ No 8 TYPE OF CASING USED: □ Steel PVC □ Other					
Casing diameter in. to					
Casing height above land surface					
TYPE OF SCREEN OR PERFORATION MATERIAL:					
☐ Steel ☐ Stainless Steel ☐ Fiberglass ☐ CPVC ☐ Other (Specify)					
☐ Brass ☐ Galvanized Steel ☐ Concrete tile ☐ None used (open hole)					
SCREEN OR PERFORATION OPENINGS ARE:					
☐ Continuous Slot ☐ Mill Slot, Das☐ Gauze Wrapped ☐ Torch Cut ☐ Drilled Holes ☐ Other (Specify)					
□ Louvered Shutter □ Key Punched □ Wire Wrapped □ Saw Cut □ None (Open Hole) SCREEN-PERFORATED INTERVALS: From					
SCREEN-PERFORATED INTER	VALS: From	ft., From	ft. to ft., From	ft. to ft.	
GRAVEL PACK INTERVALS: From					
Grant Intervals From O	at cement Cement grout Ber	ntonite Uther.	Erom # to	Φ	
Nearest source of possible contamination:					
☐ Septic Tank ☐ Lateral Lines ☐ Pit Privy ☐ Livestock Pens ☐ Insecticide Storage					
. —	☐ Cess Pool ☐ Sewage Lag			ned Water Well	
Matertight Sewer Lines ☐ Seepage Pit ☐ Feedyard ☐ Fertilizer Storage ☐ Oil Well/Gas Well					
Direction from well? Distance from well?					
Direction from well? SOUT.	Distance from we	II?7.\$/	ft.	DI LICCODIO DESCRIPTIVA S	
10 FROM TO	LITHOLOGIC LOG	FROM TO	U LITHU. LUG (cont.) or	PLUGGING INTERVALS	
C 3 FILL	DIET GAAN FIAM				
	DARK GRAY FIRM				
	DY LOOM TAND DEINE TO MED, TAK				
35 55 JAN	FINE JUTILLY, IAK	1			
		 			
		Notes:			
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was Constructed. Treconstructed or I plugged					
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was sconstructed, or plugged under my jurisdiction and was completed on (mo-day year) 1.4-1.4-1.4. and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 3.6 This Water Well Record was completed on (mo-day-year) 1.4-1.4. under the business name of PESTINGER. PUMP. SERVILE Signature					
Kansas Water Well Contractor's License No. 3.6.9 This Water Well Record was completed on (mo-day-year) 2.9					
under the business name of F.E.S. I. INIG.L.K. F.V.III.P. Signature Hours Sign					
Mail 1 white copy along with a fee of \$5.00 for each constructed well to: Kansas Department of Health and Environment, Bureau of Water, GWTS Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Mail one to Water Well Owner and retain one for your records. Telephone 785-296-5524.					
Visit us at http://www.kdheks.gov/waterw		KSA 82a-1212		Revised 7/10/2015	