| | | R WELL RECORD | Form WV | VC-5 KSA | 82a-1212 | | | |
|---------------------------------------------------------|-----------------|-----------------------|--------------------|--------------------|-------------------------|---------------------------|--------------------------------------------------|--|
| LOCATION OF WATER WELL: | Fraction | CALI | and a | Section Nurr | | ip Number | Range Number | |
| ounty: SALINS stance and direction from nearest tow | Sa 1/2 | | SW 1/4 | 19 | T | 14 s | R 2 E/W | |
| stance and direction from hearest tow | | USTIN CIRCL | ated within c | ity? | | | | |
| WATER WELL OWNER: BOB LET | | OBITH CITCLE | | | | | | |
| R#, St. Address, Box # : 1429 At | | Γ? | | | Doord | of Amilian decision | Division of Misson December | |
| ty, State, ZIP Code : SALINAI | | | | | A | - | Division of Water Resource | |
| LOCATE WELL'S LOCATION WITH | | | 48.5 | | Applic 1 | ation Number: | | |
| AN "X" IN SECTION BOX: | Denth(s) Ground | Water Englustered | | π. Ε∟ 14 | EVATION: | بارید | | |
| | WELL'S STATIC | Water Encountered | 14 | #t #.bolow.lone | . II. ∠ | π. : | 8- 1 0-94 | |
| | | | | | | | umping 30 gpm | |
| NW NE | Full | pilesi dala. Well w | ater was | . + [| π. aπer | nours p | umping シソ gpm umping gpm | |
| | Bara Hala Diam | gpm: vveirw | alerwas ↓_ LLA | | π. aπer | hours p | umping | |
| W | | TO BE USED AS: | | | | | | |
| | 1 Domestic | | | water supply | | | Injection well | |
| SW SE | 2 Irrigation | 4 Industrial | 7 Lawn a | nd gordon on | / 9 Dewatering |) 12 | Other (Specify below) | |
| x | • | | | | | | s, mo/day/yr sample was sub | |
| \ | mitted | bacteriological sampl | ie subinitieu | o Departmen | Water Well Disin | • | :F | |
| TYPE OF BLANK CASING USED: | mitted | 5 Wrought iron | 9 0 | oncrete tile | | | ed . X . Clamped | |
| 1 Steel 3 RMP (SF | 8) | 6 Asbestos-Cemer | | her (specify b | | | ded | |
| 2 PVC 4 ABS | '' | 7 Fiberglass | | | | | aded | |
| ank casing diameter 5 | in to 43. | | | | | | | |
| asing height above land surface. | 18 | in woight | 160 | | the iff Well thicks | | SDR 26 | |
| PE OF SCREEN OR PERFORATION | | .iii., weigitt | | PVC | | Asbestos-cem | | |
| 1 Steel 3 Stainless | | 5 Fiberglass | | RMP (SR) | | |) | |
| 2 Brass 4 Galvanize | | 6 Concrete tile | | ABS | | None used (or | | |
| CREEN OR PERFORATION OPENING | - | | uzed wrappe | | 8 Saw cut | | 11 None (open hole) | |
| | Il slot •035 | | re wrapped | | 9 Drilled ho | | 11 Notice (open note) | |
| | y punched | _ | rch cut | | | | | |
| CREEN-PERFORATED INTERVALS: | | | | 5 4 | | | to | |
| SHEELY EN CHATED INTERVALS. | | | | | | | to | |
| GRAVEL PACK INTERVALS | From 3 | | LA | | From | | to | |
| GHAVEL PACK INTERVALS | | | | | | | | |
| GROUT MATERIAL: 1 Neat c | | | | ft., | | | to ft. | |
| rout Intervals: From 0 | ft to 21 | # From | 3.0 | t to | 4 Other | | # to # | |
| hat is the nearest source of possible | | | | | ivestock pens | | Abandoned water well | |
| • | | 7 Pit privy | | | | | | |
| 1 Septic tank 4 Lateral lines 2 Sewer lines 5 Cess pool | | 8 Sewage lagoon | | | 12 Fertilizer storage | | 15 Oil well/Gas well 16 Other (specify below) | |
| 3 Watertight sewer lines 6 Seepa | | 9 Feedyard | | | nsecticide storage | 10 (| other (specify below) | |
| rection from well? | | 3 i ecuyaiu | | | many feet? | 50 | • • • • • • • • • • • • • • • • • • • • | |
| FROM TO | LITHOLOGIC | LOG | FRO | | many leet? | PLUGGING | INTERVALS | |
| 0 3 FILL DIR | | | | | | | | |
| 3 18 CLAY TAN | | | | | | | | |
| | . TO COARS | TAN | | | | | | |
| | | WHITE HARD | 1 | | | and the second control of | | |
| 40.) GENERIED | DANDOTONE | WILLIE ILLE | ···· | | | | | |
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| | | | L | 1 | | | | |
| CONTRACTOR'S OR LANDOWNER | S CERTIFICAT | ION: This water well | was (1) con | structed, (2) | reconstructed, or | (3) plugged un | der my jurisdiction and was | |
| mpleted on (mo/day/year) 8 : | -10-94 | | | and this | record is true to th | e best of my kr | wledge and belief. Kansas | |
| ater Well Contractor's License No | 38 8 | This Water | Well Record | I was comple | ted on (hooday/yr) | / 8/10-9 | <u>u</u> | |
| der the business name of PESTING | GER PUMP S | ERVICE | | | gnature) Occ | 1 te | tero | |
| | | | Please fill in bla | nks, underline or | circle the correct arew | ers. Send top three | copies to Kansas Department | |