		WATER W	ELL RECORD	Form WWC-5	KSA 82a-			
LOCATION OF WA	TER WELL:	Fraction			tion Number	Township Numb		e Number
County: SALINE		NE 14		E 1/4	25	T 14	S R	3
Distance and direction	from nearest town or	•	ss of well if located	within city?				
WATER WELL ON	ALED TOTAL	1823 MARC						
,	VNER: DELL MET					Board of Agrica	ulture, Division of N	Nater Resource
RR#, St. Address, Bo City, State, ZIP Code	1027					Application Nu		valor ribboures
I OCATE WELL'S I	SALTNA	KS. 07401	DI ETED WELL	52.2	# ELEVA			
AN "X" IN SECTIO	N BOX:	oth(s) Groundwate	r Encountered 1	19.1	II. ELEVA		ft 3	
	WE WE	II'S STATIC WA	TER LEVEL 1	9.1 # 6	elow land sud	ace measured on mo	day/yr 8-30-9	5
i						ter1 ho		
NW	NE Fst					ter ho		
. }						ınd		
w		LL WATER TO B		5 Public water		8 Air conditioning		
. 1		1 Domestic	3 Feedlot	6 Oil field wa	ter supply	9 Dewatering	12 Other (Spe	cify below)
sw	SE	2 Irrigation	4 Industrial	7 Lawn and o	arden only	0 Monitoring well	. ,	
, i	Was	s a chemical/bacte	eriological sample s	ubmitted to D	epartment? Ye	sNoX	; If yes, mo/day/yr	sample was sub
	S mitt	ed			Wat	er Well Disinfected?		
TYPE OF BLANK	CASING USED:	5 '	Wrought iron	8 Concre	ete tile	CASING JOINTS		
1 Steel	3 RMP (SR)	6	Asbestos-Cement				Welded	
2_PVC	4 ABS		Fiberglass				Threaded	
	r in							
	and surface18		weight 100 .			_		1.20
	R PERFORATION MA			7_PV		10 Asbesto		
1 Steel	3 Stainless ste		Fiberglass		IP (SR)	•	pecify)	
2 Brass	4 Galvanized s	-	Concrete tile	9 AB	8		sed (open hole) 11 None	(anan bala)
1 Continuous sk	RATION OPENINGS	ot •035	6 Wire v	d wrapped		8 Saw cut 9 Drilled holes	II None	(open hole)
2 Louvered shut			7 Torch			10 Other (specify)		
CREEN-PERFORAT						n		
JOHLEH EN ONA						n		
GRAVEL PA						n		
		From		-	ft., Fron			
GROUT MATERIA	L: 1 Neat ceme		ement grout			Other		
Grout Intervals: Fro	_{om} o	o . 22	. ft., From	ft.	to	ft., From	ft. to	
Vhat is the nearest s	ource of possible cont	amination:			10 Livest	ock pens	14 Abandoned v	vater well
 Septic tank 	4 Lateral lin	ies	7 Pit privy		11 Fuel s	storage	15 Oil well/Gas	well
2 Sewer lines 5 Cess pool 8			8 Sewage lago	oon 12 Fertilizer storage			16 Other (specif	y below)
	ver lines_6 Seepage	pit	9 Feedyard			icide storage		
Direction from well?	EAST	ITUOI COIC I CO		55014	How man		40	
FROM TO 3	FILL DIRT	ITHOLOGIC LOG	i	FROM	то	PLUG	SING INTERVALS	
3 27	CLAY TAN S	דז יייע				44.4		
27 36	CLAY GRAY							
36 58	SAND FINE		J					
	DAMD PIND	IO IED. IAI						
			145					100
CONTRACTOR'S	OR LANDOWNER'S	CERTIFICATION:	This water well wa	s (1) constru	cted, (2) reco	nstructed, or (3) plugg	ed under my juris	diction and was
ompleted on (mo/day	_{//year)} 8-30-9	5				d is true to the best of	my knowledge an	
Vater Well Contractor	's License No	388	This Water We				/8-30-95	
nder the business na	ame of PESTINGE	R PUMP SERV	VICE		by (signat	\ _	Haling	D
INSTRUCTIONS: Use t	voewriter or ball point pen. I	PLEASE PRESS FIRML	Y and PRINT clearly. Plea	ase fill in blanks.	underline or circle	the correct answers. Send to	op three copie to Kans	sas Department
of Health and Environr	ment, Bureau of Water, Tope	ka, Kansas 66620-000	1. Telephone: 913-296-55	545. Send one to	WATER WELL OV	NER and retain one for you	r records.	