		WATER WELL RECORD	Form WWC-5	KSA 82a-		
LOCATION OF W		-		tion Number	Township Number	Range Number
County: SALIN			E 1/4	23	т <u>14 s</u>	R 3W E/W
	n from nearest town or city s 728 RALPH		ed within city?			
WATER WELL O	WNER: J.Q. RODRIGU	EZ			Board of Agricultura	Division of Water Resources
RR#, St. Address, B	ox # : 728 RALPH	7/104			Application Number:	
City, State, ZIP Code	SALINA, KS. 6	740I	EE			
TYPE OF BLANK 1 Steel 2 PVC Blank casing diameter Casing height above TYPE OF SCREEN 1 Steel 2 Brass SCREEN OR PERFO	LOCATION WITH 4 DEPTHON BOX: Depth(s) WELL'S S Est. Yield Bore Hole WELL W/ 1 Do 2 Irrig Was a chemitted CASING USED: 3 RMP (SR) 4 ABS Fr	Groundwater Encountered Grant Water Encountered Grant Water Level Pump test data: Well wat 50+ gpm: Well wat Diameter 9 in to ATER TO BE USED AS: mestic 3 Feedlot gation 4 Industrial emical/bacteriological sample 5 Wrought iron 6 Asbestos-Cement 7 Fiberglass 45 in, weight Lin, weight S Fiberglass 6 Concrete tile 5 Gau	123	tt. 2. elow land surfate tt. aft t. a	tt. ace measured on mo/day/y er . 1 hours p er hours p nd	3
			• •			11 None (open noie)
1 Continuous s			wrapped		9 Drilled holes	
2 Louvered shu		d 45 7 Toro	th cut 55			
SCREEN-PERFORA						toft.
	From.	24	55	ft., From	1	toπ.
GRAVEL P	ACK INTERVALS: From.					
·	From	ft. to		ft., From	n ft.	to ft.
GROUT MATERIA	AL: 1 Neat cement	2 Cement grout	3 Bento	nite 4 (Other	
Grout Intervals: Fr What is the nearest:	AL: 1 Neat cement on	ttion:	ft.	to		ft. toft. Abandoned water well
1 Septic tank	4 Lateral lines	7 Pit privy		11 Fuel s	•	Oil well/Gas well
2 Sewer lines		8 Sewage la	goon			Other (specify below)
	ewer lines 6 Seepage pit	9 Feedvard	goon		cide storage	cure. (epocin, concur,
Direction from well?	SOUTH	3 i eedyard		How man	~~	
FROM TO		LOGIC LOG	FROM	TO TO	j 1001.	INTERVALS
0 2	FILL DIRT		1110101		. 2000.110	
2 32	CLAY BROWN S	TT TV				
32 55	SAND FINE TO	FED. TAN				
						
		·				
				ļ		
				ļļ_		
						(Many State
		- CALLESTON - CALL				
CONTRACTORS	OR LANDOWNER'S CERT	IFICATION: This water well to	was (1) conetru	cted (2) recor	estructed or (3) plugged iii	der my jurisdiction and was
						nowledge and belief. Kansas
completed on (mo/da	ay/year) 92500					9-25/00
	or's License No 388		vveii Hecord wa	•		
under the business r	name of PESTINGER PU	MP SERVICE		by (signati		~ (9)
INSTRUCTIONS: Use of Health and Environ	typewriter or ball point pen. PLEASE	PRESS FIRMLY and PRINT clearly. Finsas 66620-0001. Telephone: 913-296	Please fill in blanks, 3-5545. Send one to	underline or circle WATER WELL OW	the correct answers. Send top thre NER and retain one for your recor	e copies to Kansas Department ds.