| | WATER WELL RECO | ORD Form WWC-5 | KSA 82a- | 1212 ID No | l | | | | |
|---|--|-----------------------------------|--|---|---|---|--|-------------------------|--|
| 1 LOCATION OF WATER WELL: | Fraction | $\alpha / \alpha /$ | Sec | tion Number | Township Num | | Range N | lumber | |
| County: Saline | <u>SW 14</u> | <i>SW</i> 14 <i>SW</i> | 1/4 | | <u> </u> | S | R S | E(M) | |
| Distance and direction from nearest | 900 | M. Nin | within city? | t., S | alina | | | | |
| 2 WATER WELL OWNER: Reim | old Properties Bill Reimold | inc. | | • | | | | | |
| RR#, St. Address, Box # City, State, ZIP Code | es 1802 a. 165 le74 | 60 | | | Application Nu | ımber: | ivision of Wate | | |
| 3 LOCATE WELL'S LOCATION WIT AN "X" IN SECTION BOX: N NW NE | Depth(s) Ground WELL'S STATIC Pum Est. Yield WELL WATER T 1 Domestic | 3 Feedlot 6 | er was | ft. w land surface ft. a ft. a ft. a supply supply | 2 measured on mo/da fter | my/yrft. 3 ay/yrf hours pu hours pu 11 In | umpingimpingipetion well | ft. gpm gpm | |
| SW SE | Was a chemical mitted | /bacteriological sample | submitted to I | | es; ter Well Disinfected? | | o/day/yrs samr | le was sub- No | |
| 5 TYPE OF BLANK CASING USE | | 5 Wrought iron | 8 Concre | | CASING JOINT | | | | |
| 1 Steel 3 RMP 2 PVC 4 ABS | (SH) | 6 Asbestos-Cement 7 Fiberglass | | specify below) | | | ed | | |
| Blank casing diameter | | | | | | | in. to | ft. | |
| Casing height above land surface TYPE OF SCREEN OR PERFORAT 1 Steel 3 Stainl | - 3.9W | | ŒV | I IP (SR) | bs./ft. Wall thickness 10 Asbes | or guage tos-Ceme (Specify) | e No. Sch) ent | POPK | |
| SCREEN OR PERFORATION OPE 1 Continuous slot 2 Louvered shutter | | zed wrapped wrapped ch cut | | 8 Saw cut 9 Drilled holes 10 Other (specify) . | | 11 None (ope | , i | | |
| SCREEN-PERFORATED INTERVAL | Key punched S: From | 20 ft. to | 35 | ft From . | | ft. to | | ft. | |
| GRAVEL PACK INTERVA | From LS: From | .1.8 ft. to ft. to | <i>3</i> 5 | ft., From . ft., From . | | ft. to ft. to | | ft. | |
| 6 GROUT MATERIAL: 1 N | eat cement | 2 Cement grout | <3 Bent | onite 4 | Other | | | | |
| What is the nearest source of possil 1 Septic tank 4 La | | 7 Pit privy | , | 10 Livesto 11 Fuel st | ock pens orage | 14 Al 15 O | bandoned wate il well/Gas well | er well | |
| 2 Sewer lines 5 Cess pool | | 8 Sewage lagoon | | 12 Fertilizer storage 13 Insecticide storage | | | 6 Other (specify below) | | |
| 3 Watertight sewer lines 6 Seepage pit Direction from well? | | 9 Feedya | ra | How many | · · | | | | |
| FROM TO | LITHOLOGIC | LOG | FROM | то | | GING IN | TERVALS | | |
| b 0.5 Concr | | | | | | | | | |
| 05 12 Clay, n 12 20 Sittyson 20 35 Clay, n | | or inequalined, light | bor | | | | | | |
| | | | | | VOBWI | | · · · · · · · · · · · · · · · · · · · | | |
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| | | | | | | | • | | |
| | | | | | | | | | |
| CONTRACTOR'S OR LANDOWN completed on (mo/day/year) | 12 <i>10</i> 5 | This Wate | | and this rec was completed | | | | | |
| INSTRUCTIONS: Use typewriter or ball poin and Environment, Bureau of Water, Geology records. Fee of \$5.00 for each constructed v | t pen. <u>PLEASE PRESS FIF</u> Section, 1000 SW Jackson | RMLY and PRINT clearly. Plea | se fill in blanks, und as 66612-1367. Tel | erline or circle the c ephone 785-296-55 | orrect answers. Send op the 22. Send one to WATER W | ree copies f | to Kansas Departme R and retain one for | ent of Health r your | |