		V	VATER WELL RE	CORD Fo	rm WWC-5	5 KSA 82a	-1212 ID No	D		
		TER WELL:	Fraction			Se	ection Number	Township Number	Range Number	
County:	SALIN			4 NE 1/4		1/4	24	<u>т 14 s</u>	R 3W E/W	
			town or city street	address of w	ell if locate	d within city?				
	6 MILL		DATE DATE	T.C.						
			LENE FALL						5000	
City, State,	ZIP Code	: SALI	MILLINGE NA, KS. 6	7401				Application Number		
AN "X" IN	SECTION	BOX:	Depth(s) Grou	undwater Enco	ountered	13.8	ft.	2 1	ft. 3 ft.	
F	1	ı	WELL'S STAT	IC WATER LE	EVEL	3.8tt. be	low land surface	e measured on mo/day/yr	9-1-3-05gpm	
	, l	1							rs pumping gpm	
	WN-	- NE		TO BE USE			supply	•	1 Injection well	
w	i	E	1 Domesti 2 Irrigation						2 Other (Specify below)	
VV	!	·	2 migation	T Tillada		Domestic (lawr & garden) To Wormoning wer				
	sw -	- SF	Was a shomic	Was a chemical/bacteriological sample submitted to Department? Yes NoX; If yes, mo/day/yrs sample was submitted Water Well Disinfected? Yes X No						
	1	1								
		1								
5 TYPE O	F BLANK C	ASING USE):	5 Wrought	iron	8 Conc	rete tile	CASING JOINTS: G	aluedX Clamped	
1 Steel 3 RMP				6 Asbestos-Cement			(specify below)		Velded	
2 PVC		4 ABS		7 Fiberglas					hreaded	
									ft.	
				in., wei	ght1.				uage NoSDR2.6	
TYPE OF SCREEN OR PERFORATION MATE 1 Steel 3 Stainless Steel						7 P	<u>VC</u> MP (SR)	10 Asbestos-Cement 11 Other (Specify)		
1 Steel 3 Stainless S 2 Brass 4 Galvanized				•		9 ABS		12 None used (open hole)		
		ATION OPEN	IINGS ARE:		5 Gua	azed wrapped		8 Saw cut	11 None (open hole)	
	nuous slot		Mill slot .02	5		e wrapped		9 Drilled holes		
2 Louve	ered shutter		Key punched		7 Tord	ch cut		10 Other (specify)	ft.	
SCREEN-P	ERFORATE	D INTERVAL							t. toft.	
G	DAVEL DAC	K INTERVAL							t. toft. t. toft.	
ď	NAVEL PAC	IN IN I ER VAL							t. toft.	
_	MATERIA		eat cement	2 Ceme	-					
					rom	π.			ft. toft.	
		•	le contamination:		7 Pit priv		10 Livesto	•	Abandoned water well Oil well/Gas well	
1 Septic tank 4 Lateral lines 2 Sewer lines 5 Cess pool							11 Fuel storage goon 12 Fertilizer storage		6 Other (specify below)	
		rlines 6 Se	•	8 Sewage lagoon 9 Feedyard			13 Insecticide storage			
Direction fro		WEST	opugo pii				How many	ŭ		
FROM	то	WED I	LITHOLOGI	IC LOG		FROM	то	<u></u>	3 INTERVALS	
0	2	FILL	DIRT							
2	36		BROWN TO	TAN SI	LTY					
36	59	SAND	FINE TO	COARSE	TAN C	LEAN				
59	60	SHALE	<u> </u>							
						_				
7 CONTRA	CTOP'S O		IED'S CEDTIEIO	ATION: This :-	ater well :	was (1) canal	ruotod (2) ross	netruoted or (2) plugged	under my jurisdiction and	
									under my jurisdiction and was y knowledge and belief. Kansas	
									(405) 1 	
under the but	cinace name	of					by (c	signatura)	1140	

DISTRUCTIONS: Use typewriter or ball point pen. <u>PLEASE PRESS FIRMLY</u> and <u>PRINT</u> clearly. Please fill in blanks, underline or circle the correct answers. Send top three copies to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-5522. Send one to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each <u>constructed</u> well.