| WATER WELL RECORD | Form WWC-5 | Division of Water Resources; App. No. |
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| 1 LOCATION OF WATER WELL: | Fraction | Section Number Township Number Range Number |
| County: SALINE | | 1/4 36 T 14 S R 3W E/W |
| Distance and direction from nearest town or | | Global Positioning Systems (decimal degrees, min. of 4 digits |
| located within city? 933 TWIN OAKS | | Latitude: |
| | | Longitude: |
| 2 WATER WELL OWNER: STEVE HOWE | | Elevation: |
| RR#, St. Address, Box # : 933 TWIN OAKS | | Datum: |
| C'4 C4 4 7ID C 1 | s. 67401 | Data Collection Method: |
| | PLETED WELL 5.4. | |
| LOCATION 4 DEFINITION COM | LETED WELL | 11. |
| | er Encountered (1) | 2.1 ft. (2) ft. (3) ft. |
| | | ft. below land surface measured on mo/day/yr.1.0-1.2-0.5 |
| | | ft. after1 hours pumping20 |
| | | ft. after |
| WELL WATER TO | DE USED AS: 5 Public w | oter supply 8 Air conditioning 11 Injection well |
| WELL WATER TO | and the second of the second o | ater supply 8 Air conditioning 11 Injection well er supply 9 Dewatering 12 Other (Specify below) |
| W E 1 Domestic 3 Fe 2 Irrigation 4 In | adustrial 7 Domestic (Is | wn & garden) 10 Monitoring well |
| | idustriai / Doniestic (ia | wit & garden) To Womtoring wen |
| SW SE Was a shaminal/hast | aniala aiaal aanamla aybmitta | d to Donoutmont? Voc. No. V . If you madday/ywa |
| was a chemical/bact | eriological sample submitte | d to Department? Yes NoX; If yes, mo/day/yrs |
| | a | Water well disinfected? Yes X No |
| S | | |
| | | tile CASING JOINTS: GluedX Clamped |
| 1 Steel 3 RMP (SR) 6 Asbesto | os-Cement 9 Other (sp | ecify below) Welded |
| <u>2 PVC</u> 4 ABS 7 Fibergla | iss | ecify below) Welded |
| Blank casing diameter5 in. to5 | 4 ft., Diameter | in. to ft., Diameter in. toft. |
| Casing height above land surface1.2 | in., weight1.60 | lbs./ft. Wall thickness or guage No. SDR26 |
| TYPE OF SCREEN OR PERFORATION MAT | TERIAL: | |
| | erglass 7 PVC | |
| 2 Brass 4 Galvanized Steal 6 Cor | ncrete tile 8 RM (SR) | 10 Asbestos-Cement 12 None used (open hole) |
| SCREEN OR PERFORATION OPENINGS AF | RE: | |
| | | cut 9 Drilled holes 11 None (open hole) |
| 2 Louvered shutter 4 Key punched 6 | Wire wrapped 8 Saw | Cut 10 Other (specify) |
| SCREEN-PERFORATED INTERVALS: From | 14.9 ft. to | 5.4 ft., From ft. to ft. |
| Fron | 1 ft. to | ft., From ft. to ft. |
| | | 5.4 ft., From ft. to ft. |
| Fron | 1 ft. to | ft., From ft. to ft. |
| | | THE WALL THE CONTRACTOR OF THE |
| 6 GROUT MATERIAL: 1 Neat cement | 2 Cement grout 3 Benton | ite 4 Other |
| Grout Intervals: From ft. to | 22 ft., From | ft. to ft., From ft. toft. |
| What is the nearest source of possible contamination | | |
| 1 Septic tank 4 Lateral lines | | vestock pens 13 Insecticide Storage 16 Other (specify |
| 2 Sewer lines 5 Cess pool | | nel storage 14 Abandoned water well below) |
| 3 Watertight sewer lines 6 Seepage pit | | ertilizer Storage 15 Oil wll/gas well |
| Direction from well?south | How | many feet? 6.0. |
| FROM TO LITHOLOG | IC LOG FI | ROM TO PLUGGING INTERVALS |
| 0 3 FILL DIRT | | |
| 3 20 CLAY BROWN TO T | AN SILTY | |
| 20 54 SAND FINE TO ME | | |
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| | | |
| | | water well was (1) constructed, (2) reconstructed, or (3) plugged |
| under my jurisdiction and was completed on (n | no/day/year) 1.0 1.20.5 | and this record is true to the best of my knowledge and belief |
| | | 1 Recored was completed on (Moylay/year) 1.01.20.5 |
| Under the business name of PESTINGER | PUMP SERVICE | by (signature) Out Saley |
| INSTRUCTIONS: Use typewriter or ball point pen. PLEA. | SE PRESS FIRMLY and PRINT el | early. Please fill in blanks, under one or circle the correct answers end top three |
| copies to Kansas Department of Health and Environment, B | ureau 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 | | |