WAT:	ER WELL	RECORI	D	Form WWC-5 Division of Water Resources; App. No.				
1 LC	LOCATION OF WATER WELL: County: SALINE			Fraction SE1/4 SE1/4 N	E1/4	Section Number	Township Number T / S	Range Number R 3 W E/W
Distance and direction from nearest town or city street address of well if Global Positioning Systems (decimal d								
loc	ated within c	ity? 925	E. NORT	in ST.]	Latitude:		
2 W	ATER WEI	L OWNER:	HOFF'S	MACHIBEA WE DORTH ST.	ELDING	Elevation:		
RI	R#, St. Addre	ss, Box # :	925 E. N	JORTH ST.		Datum:		
Ci	ty, State, ZIP	Code :	CALINA	de 1-240	,	Data Collection	Method:	
3 LOCATE WELL'S 4 DEPTH OF COMPLETED WELL								
	CATION							
	VITH AN "X" IN Depth(s) Groundwater Encountered (1)							
	SECTION BOX: WELL'S STATIC WATER LEVEL33 ft. below land surface measured on mo/day/yr. 4							/yr. 4 -20 -07
	N Pump test data: Well water was. 3.6ft. after hours pumping							gpm
	Est. Yieldgpm: Well water wasft. after hours pumpinggpr							
	NW NE -						conditioning 11 Injury	
w		z E 1 Do	omestic 3 Feed				watering 12 Otl	
		2 lrr	igation 4 Indu	ıstrial <u>7 Domesti</u>	<u>c (</u> lawn &	garden) 10 Mo	onitoring well	
	Was a chemical/bacteriological sample submitted to Department? Yes No; If yes, mo/day/yrs							
	was a chemical/bacteriological sample submitted to Department? Yes							
Sample was submitted								
e nex		INC HEED.	5 W/1-+ I			CACD	NG JOINTS: Glued	Clampad
		ING USED: 3 RMP (SR)		Cement 9 Other				% Clamped
	1 Steel	3 KMP (3K) 4 ABS	7 Fiberglass	Cement 9 Other	(specify i	below)	Weitlett Threaded	
2 PVC 4 ABS 7 Fiberglass Threaded. Blank casing diameter in to 5.6 ft., Diameter in to ft., Diameter in to ft. Casing height above land surface in, Weight 1.6.0 lbs./ft. Wall thickness or guage No. 5.6.2.26.								
Casing height above land surface 14 in. Weight 160 lbs/ft Wall thickness or guage No 60 26								
TYPE OF SCREEN OR PERFORATION MATERIAL:								
1 Steel 3 Stainless Steel 5 Fiberglass 7 PVC 9 ABS 11 Other (Specify)								
2 Brass 4 Galvanized Steal 6 Concrete tile 8 RM (SR) 10 Asbestos-Cement 12 None used (open hole)								
SCREEN OR PERFORATION OPENINGS ARE:								
1 Continuous slot 3 Mill slot , 2255 Guazed wrapped 7 Torch 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 ft. to ft., From ft. to ft.								
From								
From								
11. T., FIOIII IL to IL								
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other								
Grout Intervals: From								
		*	ssible contaminati					
	1 Septic tank		4 Lateral lines		0 Livesto		•	16 Other (specify
	2 Sewer lines				1 Fuel sto	0	Abandoned water well	below)
D:	3 Watertight	sewer lines 1?			2 Fertilize	feet?	Oil well/gas well	•••••
FROM		17	LITHOLOGIC		FROM		PLUGGING INT	EDVALC
		FILL		LOU	FROM	ТО	I LOUGING INT	LIVALO
7/	8			£., 7 v				
33	33	SAND						
222	66	CAND		O. TAW				
/-/	94	CLAY		U. I AK				
46		LLM Y	URH7					
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed. (2) reconstructed. or (3) plugged								
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year)								
Kansa	s Water Well	Contractor's	License No 3.	88 This Water	Well Reco	ord was complete	ed on (mo/day(year)	-20-07
under	the business	name of T	37110/21/2	PUMF YAKU	V L by	(signature)	Mar D Maria	
INSTR	UCTIONS: Us	e typewriter or	ball point pen. PLEAS	SE PRESS FIRMLY and F	RINT clearly	y. Please fill in blan	ks, underline or circle the c	Act 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 constructed well. Visit us at								

http://www.kdhe.state.ks.us/geo/waterwells.