MW4									Γ		
WATER WELL RECORD Form WWC-5							Division of Water Resources; App. No.				
			R WELL:		Fraction SW S		Section Num		Township Number		
County:	: SALIA	<u>ve</u>			810 1/4 85L 1/4		Clabal Basiti		T   Y S		
								Global Positioning Systems (decimal degrees, min. of 4 digits)			
located within city? 2629 So. MARKET PL. SALINA							Latitude:				
2 WATER WELL OWNER: KWIK SHOP							Longitude:				
RR#, St. Address, Box # :							Elevation:				
City, State, ZIP Code :						Datum:					
			•				Data Collec		1ethod:		
3 LOCAT		L'S   4	DEPTH OF	COM	PLETED WELL .	3.3.		ft.			
LOCA				_							
	AN "X" I	$\mathbf{N} \mid \mathbf{D}$	epth(s) Groun	ndwater	Encountered (1	ج.ه(	ft. (2)	)	measured on mo/day	ft.	
SECTION	ON BOX:	:   W	ELL'S STA	TIC WA	TER LEVELs	<b>≯.S</b> ft.	below land su	urface	measured on mo/day	/yr <b>.५५</b>	
	N	.   _	Pump	test data	: Well water was	• • • • • • • • • • • • • • • • • • • •	ft. after	• • • • • • • • •	hours pumping	gpm	
		E	est. Yield	gpm	i: Well water was		ft. after		hours pumping	gpm	
WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well										ection well	
W O I Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below 2 Irrigation 4 Industrial 7 Domestic (lawn & garden) 10 Monitoring well											
		2	Irrigation	4 Ind	ustriai / Domo	estic (lawn &	garden) (10	Moni	toring well		
sw	-   SE	1	Ing a ahamiaa	1/hootor	ialagiaal sampla s	shmitted to I	) am a mt un am t?	Vac		TC / / /	
	.	W	as a chemica	hmittad	iological sample st	Weter	pepariment?	res	;	if yes, mo/day/yrs	
Sample was submitted											
	S										
			<b>D</b> : 5 W	rought I	fron 8 Co				JOINTS: Glued	•	
1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded											
2 PV	. 4 ري	ABS	7 Fi	berglass			•••••		Threaded	>	
Blank casing diameter in. to ft., Diameter in. to f											
Casing heigh	ght above	land sur	face		in., Weight		bs./ft. Wa	ill thick	kness or guage No	•••••	
			RFORATION				DC		11 04 (0 10)		
			ss Steel				BS		11 Other (Specify) .	1. 1.	
SCREEN OR PERFORATION OPENINGS ARE:  1 Continuous slot Mill slot 5 Gauzed wrapped 7 Torch cut 9 Drilled holes 11 None (open hole)											
2 L o	nunuous s	itter $A$	Key punched	4 6 W	ire wrapped	8 Saw Cut	10 Other (s	noies macify	11 None (open no	ole)	
2 Louvered shutter 4 Key punched 6 Wire wrapped 8 Saw Cut 10 Other (specify)											
From											
GRAVEL PACK INTERVALS: From 15 ft. to 3 h. ft., From ft. to ft.											
	.u., DD 11								ft. to		
6 GROUT	MATER	RIAL:	1 Neat ceme	ent 2 (	Cement grout [3]	Bentonite	4 Other				
Grout Inter	vals:	From .	<b>/</b> ft	t. to <b>.\</b>	S ft., From .		ft. to	ft.,	, From	ft. toft.	
What is the	e nearest so	ource of	possible con	taminati	on:						
	ptic tank				7 Pit privy	10 Livesto		13 Inse	ecticide Storage	16 Other (specify	
	wer lines		5 Cess p		8 Sewage lagoon	TFuel sto			andoned water well	below)	
	atertight se				9 Feedyard	12 Fertiliz					
							, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
FROM	TO			LOGIC	LOG	FROM	TO		PLUGGING INTE	ERVALS	
05		CONCE					1				
		CLAY	W SOME	SILT	DK BRN						
و ما					I FINE SAM			,			
23 3	32 (	LIAY	2 SUT 1	BRN 7	GREY			-,			
		47.									
		4.44									
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) 4-3-0 and this record is true to the best of my knowledge and belief.											
Kansas Water Well Contractor's License No This Water Well Record was completed on (pro/day/year)											
under the business name of Scars OBA Spinion by (signature) by (signature) INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks, underline or circle the correct answers. Send top											
	usiness na	me of	JCCLTD	DBA	X DRILLING					1	
INSTRUCTION	ONS: Use t	ypewriter	or ball point pe	n. PLEAS	SE PRESS FIRMLY an	d PRINT clearl	y. Please fill in	blanks,	underline or circle the cor		
INSTRUCTION	ONS: Use to Kansas Der	ypewriter partment o	or ball point pe of Health and En	n. <u>PLEAS</u> vironmen	SE PRESS FIRMLY and t, Bureau of Water, Ge	d PRINT clearly ology Section,	y. Please fill in 1000 SW Jackso	blanks, on St., St		66612-1367. Telephone	