WATER	R WELL	RECORD	Form WWC-5			Division of Water Resources; App. No.			
1 LOCATION OF WATER WELL: County: Saline			Fraction	NE	CW	Section No	umber	Township Number	Range Number
Distance a	nd direction	from nearest town	or city stre	et address	of well if	Global Pos	itioning	T 14 S	rees min of 4 digits)
Distance and direction from nearest town or city street address of well if located within city? 312 N. 5 <sup>th</sup> Salina, KS  Global Positioning System (decimal degrees, min. of 4 digits) Latitude: N 38.84578°									
Longitude: W 97.60728°									
2 WATE	ER WELL	OWNER: Long-	McArthur, Inc.			Elevation: RIM: 1222.34 TOC: 1222.00			
RR#, S	t. Address,	Box # : PO Box	x 945 KS 67401			Datum: above mean sea level Data Collection Method: legal survey			
City, S	tate, ZIP Co	ode : Salma,	KS 6/401	ECED ME	Y Y 24	Data Colle	ection N		
3 LOCATE WELL'S 4 DEPTH OF COMPLETED WELL 34 ft.  LOCATON ft.									
	I ON I AN "X" II	N Donth(a) Groun	dwater En	countared 1				<b>₽</b> 2	£.
l .		Depin(s) Groun	ric water en	COUNTERED I	25.75	ft bolow la	_ IL. Z_	ft. 3	lov/vm 2/2/00
SECTION BOX: WELL'S STATIC WATER LEVEL 25.75 ft. below land surface measured on mo/day/yr 3/2/0  Pump test data: Well water was ft. after hours pumping									
									ing gpin
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1									niection well
1 Domestic 2 Feed lot 6 Oil field water supply 9 Dewatering 12 Other (Specify below									
w	<del></del>	E 2 Irrigation 4	Industrial	7 Domest	ic (lawn &	garden) (	10)Mon	itoring well	ici (specify below)
-sw	<u> </u>	2 migution 4	maasuu	Domest	10 (141111 0	Sur don') (	<b>O</b> 111011		
SW—— SE—— Was a chemical/bacteriological sample submitted to Department? Yes No X; If yes, mo/day/yrs									
Sample was submitted Water Well Disinfected? Yes No X									No X
5 TYPE OF CASING USED: 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued Clamped									
5 TYPE	OF CASIN	NG USED: 5	Wrought	iron C	8 Conc	rete tile . (anasif. ha	(CAS	ING JOIN 15: Glued	Clamped
1 Ste	1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded  2 PVC 4 ABS 7 Fiberglass Threaded X								
PVC 4 ABS 7 Fiberglass Threaded X  Blank casing diameter 2 in. to 19 ft., Dia in. to ft., Dia in. to f  Casing height below land surface 0.34 ft., Weight Ibs./ft. Wall thickness or gauge No.									to A
Diank casing diameter 2 in. to 19 ft., Dia in. to It., Dia in.									
1 Steel 3 Stainless steel 5 Fiberglass (7) PVC 9 ABS 11 Other (specify)									
1 Steel 3 Stainless steel 5 Fiberglass (7) PVC 9 ABS 11 Other (specify)  2 Brass 4 Galvanized steel 6 Concrete tile 8 RM (SR) 10 Asbestos-Cement 12 None used (open hole)									
ISCREEN OR PERFORATION OPENINGS ARE:									
1 Continuous slot 3 Mill slot 5 Gauze 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 19 ft. to 34 ft. From ft. to ft.									
SCREEN-PERFORATED INTERVALS: From 10 ft to 34 ft From ft to ft									
BCKLLIV	1 Liu Olu i	TED INTERNATES	From	·····	ft. to		ft. Fr	om ft. t	to ft.
GR	AVEL PAC	CK INTERVALS:	From	18	ft. to	34	ft. Fr	om ft. t	to ft.
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	From		ft. to		ft. Fr	om ft. t	io. ft.
From   ft. to   ft. From   ft. to   ft.									
6 GROUT MATERIAL: 1 Neat cement (2) Cement grout (3) Bentonite (4) Other Concrete: 0-2 ft.									
Grout Intervals From 2 ft. to 15 ft. From 15 ft. to 18 ft. From ft. to ft.									
What is the nearest source of possible contamination:  1 Septic tank  4 Lateral lines 7 Pit privy  10 Livestock pens  13 Insecticide Storage  16 Other (specify									
	er lines	5 Cess poo		age lagoon				andoned water well	below)
		er lines 6 Seepage						well/ gas well	,
	from well?			•	How ma	ny feet? ~1	2,5	-	
FROM	TO	LITHO	LOGIC LO	)G	FRO	M TO		PLUGGING INT	ERVALS
0	1	Silt with gravel, b			1110	10		1 DO COM COM COM	
1	2	Concrete							
2		Silty clay, brown t							
12		Silty clay, light gra							
18	35	Sand, very fine, w	ith silt and	l little clay,	<del>-  </del>				
		light gray brown							
							Flushn	nount waiver from l	BOW
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)  Kansas Water Well Contractor's License No. 757  This Water Well Record was completed on (mo/day/year) 5/4/09									
		tractor's License No. e of Larsen & Ass			vater Well by (sign	\ L	ourpiete	on (mo/day/year)	314107
1							martment	of Health and Environmen	t Rureau of Water
INSTRUCTIONS: Please fill in blanks 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 constructed well. Visit us at http://www.kdheks.gov/waterwell.									