WATEI	R WELL R	ECORD		Form WWC-	-5	Division of Wat	ter Resources; App. No.	one of the control of	
	ATION OF V	VATER V	VELL:	Fraction		Section Number	Township Number	Range Number	
Coun	nty: SALINE unce and direction from nearest town or city			NW/4 NE1/4 S	1/4	36	T 14 S	R 3W E/W	
				•	3	Global Positioning Systems (decimal degrees, min. of 4 digits)			
located within city? DIO MIKE DEIVE						Latitude:			
2 WATER WELL OWNER: TOPODA MCGRATITE RR#, St. Address, Box # : 810 MIKE DEVE						Longitude: Elevation:			
RR#	, St. Address, l	Box # :	RID MI	KE DUVE		Datum:			
City,	State, ZIP Co	de :	JALINA	, Ks 674	101	Data Collection	Method:		
3 LOC	3 LOCATE WELL'S 4 DEPTH OF COMPLETED WELL								
	ATION				4				
	H AN "X" IN								
SEC	FION BOX:	N Pump test data: Well water was 2 ft after hours pumping and surface measured on mo/day/yr gn							
r	Pump test data: Well water was								
	WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well								
w NV	WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well 1 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								
**									
SW									
	Was a chemical/bacteriological sample submitted to Department? Yes No; If yes, mo/day/yrs Sample was submitted								
		Samp	le was submitted.		. Wate	r well disinfected	? Yes % No	• • • • • • • • • • • • • • • • • • • •	
5 TYPE OF CASING USED: 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued Clamped									
5 TYPE	E OF CASINO	USED:	5 Wrought I	ron 8 Conc	rete tile	CASIN	NG JOINTS: Glued	Clamped	
5 TYPE OF CASING USED: 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued									
2 PVC 4 ABS 7 Fiberglass Threaded. Blank casing diameter 5 in. to ft., Diameter in. to ft., Diameter in. to ft. Casing height above land surface in., Weight Co. lbs./ft. Wall thickness or guage No. 5 c. 3 c									
Casing height above land surface in Weight LCO lbs./ft. Wall thickness or guage No. 556. 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 255 Gauzed wrapped 7 Torch cut 9 Drilled holes 11 None (open hole)									
2 Louvered shutter 4 Key nunched 6 Wire wrapped 8 Saw cut 10 Other (specify)									
2 Louvered shutter 4 Key punched 6 Wire wrapped 8 Saw cut 10 Other (specify)									
From ft. to ft. From ft. to ft.									
GRAVEL PACK INTERVALS: From. 23. ft. to ft., From ft. to ft.									
From ft. to ft., From ft. to ft.									
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other									
Grout In				1. ft., From		ft. to	ft., From	ft. toft.	
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									
	Sewer lines	ran limaa			l 1 Fuel st	_	Abandoned water well	*	
	Watertight sev		6 Seepage pit				Oil well/gas well		
FROM	TO TO	• • • • • • • • • • • • • • • • • • • •	LITHOLOGIC		FROM		PLUGGING IN		
0	2 F	11.1	DIET DRE		1 1011		220001110111		
Á		LAY	BEOWN						
3	32 0	CLAY		ILTY					
32	40	SAND	FINETO	MED. TAN					
60	61	CLAY	GRAY W	TH BROWN	SAND)	O-10-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0		
			,						
								Acid at 100 500 (100 at 100 at	
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) Dand 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 (mo/day/y) ar)									
under the business name of PESTINGED PUMP PEL. by (signature) Your Send to pump 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									
INSTRUC	CTIONS: Use ty	pewriter or l	pall point pen. <u>PLEA</u>	SE PRESS FIRMLY and A	PRINT clear	rly. Please fill in blar	nks, undérline 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., Sulte 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/index.html.									