| WATER | R WELL RECORD | orm WWC-5 | KSA 82a-12 | 12 ID No | IW-1 | | |
|---|--|--------------------------------------|-------------------------|-----------------------|---------------------------------------|---|---|
| | Fraction | | | n Number | Township Numb | 4 | ige Number |
| County: Saline | 5W 1/4 SW 1 | 4 NW 14 | Ic | 2 | т 14 | SR | S EW |
| Distance and direction from nearest town o | r city street address of v | vell if located wil | hin city? | | | | |
| North of West No | rth Street | Betwee | n N | 9th St. | + N SO | inta Fe | Ave. |
| - LAMATED MELL OWNED: | Santa Fe A | | | | | | |
| DD# Ct Address Box# 501 N | | | | | | ılture, Division of V | Vater Resources |
| O'L OLINE TIP Code Sallna, | KS 574 | | | | Application Nur | mber: | |
| 3 LOCATE WELL'S LOCATION WITH 4 C | EPTH OF COMPLETE | D.WELL81 | | . ft. ELEVATIC | N: | *************************************** | |
| ANI "Y" IN SECTION BOX: | nth(s) Groundwater End | countered 1 | | ft. 2 | | ft. 3 | ,., II, |
| N WE | ELL'S STATIC WATER | EVEL | ft. below | land surface n | neasured on mo/da r l | y/yr | anm |
| For | Pump test data t. Yield gpm | t; ∹vvell water w ∴ ∴Well water w | as as | ft. afte | r | nours pumping | gpm |
| NW NE WE | ELL WATER TO BE USE | DAS: 5 Pul | olic water sup | ply 8 | Air conditioning | 11 Injection well | |
| | 1 Domestic 3 Fee | dlot 6 Oil | field water su | ipply 9 | Dewatering | 12 Other (Speci | |
| W | 2 Irrigation 4 Indu | istrial 7 Doi | mestic (lawn o | & garden) 10 | Monitoring well | | *************** |
| 1 1 1 | | : | | | | | |
| | s a chemical/bacteriolog | gical sample sub | mitted to Dep | oartment? Yes | ; li∵; li ' Well Disinfected? | yes, mo/day/yrs s √os | sample was sub- No |
| l l mit | ted | | | vvaler | . Well Distillected: | 165 | |
| S | | | | | | | |
| 5 TYPE OF BLANK CASING USED: | 5 Wrough | | 8 Concrete | | CASING JOINTS | S: Glued Cl | |
| 1 Steel 3 RMP (SR) | 6 Asbesto 7 Fibergla | s-Cement | 9 Other (sp | ecity below) | | Welded | |
| 2 PVC 4 ABS Blank casing diameter | in to 10 | ft Dio | i | in to | ft Dia | in. 1 | toft. |
| Blank casing diameter | in wei | inht | | lbs | /ft. Wall thickness | or guage No | • |
| TYPE OF SCREEN OR PERFORATION M. | ATERIAL: | 9 | 7 PVC | | 10 Asbesto | os-Cement | |
| 1 Steel 3 Stainless Ste | | iss, | 8 RMP (| (SR) | · · · · · · · · · · · · · · · · · · · | Specify) | |
| 2 Brass 4 Galvanized S | | e tile | 9 ABS | | 12 None u | sed (open hole) | |
| SCREEN OR PERFORATION OPENINGS | ARE: | 5 Guazed | | | 3 Saw cut | 11 None (| (open hole) |
| 1 Continuous slot 3 Mill slo | | 6 Wire wra | | |) Drilled holes) Other (specify) | | ft |
| 2 Louvered shutter 4 Key p | unched | 7 Torch cu | | | | | |
| SCREEN-PERFORATED INTERVALS: | From 41 | ft. to § ! | | ft., From | ,, | ft. to | ft. |
| | From | ft to \$ | | It., From ft From | | ft. to' | ft. |
| GRAVEL PACK INTERVALS: F | From | , ft. to | | ft., From | | ft. to | ft. |
| | | | | | | | |
| 6 GROUT MATERIAL: DNeat cen | nent 2 Ceme | ent grout | 3 Bentoni | | ther | | |
| Grout Intervals: From | | From | ft. to | | | OJ .II | |
| What is the nearest source of possible cont | amination: | : : | , | 10 Livestock | • | 14 Abandoned v | |
| 1 Copilo tamin | | | | 11 Fuel store | | | |
| 2 Sewer lines 5 Cess pool | | 3 0 | | 12 Fertilizer | cide storage | | y below) |
| 3 Watertight sewer lines 6 Seepage | pit | 9 Feedyard | | How many fe | | | |
| Direction from well? | ITHOLOGIC LOC | ÿ - İ | FROM | TO TO | | ING INTERVALS | |
| THOM: | ITHOLOGIC LOG | <u> </u> | 1110101 | 10 | 1 2000 | | |
| 000000 | e1 , 1 , | isad | | | | | |
| O 80 81 Sand + | Clay Laye | rea | | | | | - |
| | | 1 1 | | | | | |
| | A STATE OF THE STA | 1 . | | | ., | | |
| | | | | | | | |
| | A. A. C. | • | | | | | |
| | | } | | | | | |
| | | | | | 4.44 | | |
| | | ¥ 1 | | | | | |
| | | 2 . | | | | | |
| | | Nr. | | | | *************************************** | |
| | | | | | | V-10-10-10-10-10-10-10-10-10-10-10-10-10- | |
| | | <u> </u> | | | | | |
| 7 CONTRACTOR'S OR LANDOWNER'S | CERTIFICATION: This | water well was (| 1) constructe | d, (2) reconsti | ucted, or (3) plugg | ed under my jurisc | diction and was |
| completed on (mo/dav/year) 9/28/19 | <u></u> | | | and this record | is true to the best o | my knowledge and | d belief. Kansas |
| completed on (mo/day/year) | 7.7 | . This Water We | II Record was | completed or | (motoray/vr) | 17 /Y) | |
| under the business name of Boart | Longyear | | | by (sign | ature / | MALL | |
| | | | C. C. Communication Co. | a au alvala tha acera | at annulare ConditorUnited | a conice to Kaneae Deni | artment of Health |

INSTRUCTIONS: Use typewriter or ball point pen. <u>PLEASE PRESS FIRMLY</u> and <u>PRINT</u> clearly. Please fill in blanks, underline or circle the correct answars. Send to the ecopies to Kansas Department of F 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.