10 - 4 H 1314	1 '						
WATER WELL REC	CORD	Form WWC	-5	Division of		Resources; App. No. L	
1 LOCATION OF WA	TER WELL:	Fraction		Section Numb		Township Number	
County: Saline		NW1/4 SW 1/4 .	> 6 1/4	_37		T 14 S	R 3 E/W
Township Number Range Number County: Salin Distance and direction from nearest town or city street address of well if Global Positioning Systems (decimal degrees, min. of 4 digits)							
located within city? 250 ft SE of the Corner of heinflue v (hompton Rd Longitude:							
320 ft JE Of the]	Longitude:					
2 WATER WELL OW RR#, St. Address, Box]	Elevation:					
RR#, St. Address, Box		Datum:					
City, State, ZIP Code	HANSAS CA 4 DEPTH OF COM	ity, mo 6410	6 [Data Collect	ion M	ethod:	
3 LOCATE WELL'S	4 DEPTH OF COM	PĽEŤED WELL	20.50	5	ft.		
LOCATION							
WITH AN "X" IN SECTION BOX: Depth(s) Groundwater Encountered (1) ft. (2) ft. (3) ft. (3) ft. (b) ft. (b) ft. (c) ft. (c) ft. (d) ft. (d) ft. (e) ft. (e) ft. (e) ft. (ft. (ft. (ft. (ft. (ft. (ft. (ft.							
SECTION BOX: WELL'S STATIC WATER LEVEL							
Pump test data: Well water wasft. afterhours pumpinggpm Est. Yieldgpm: Well water wasft. afterhours pumpinggpm							
and the second control of the second control							
NW NE		BE USED AS: 5 Pub	lic water su	ipply 8	Air co	onditioning II Inj	ection well
W NW - 1 - NE - 1 E 1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below) 7 Domestic (lawn & garden) 10 Monitoring well 12 Other (Specify below) 13 Other (Specify below) 14 Other (Specify below) 15 Other (Specify below) 15 Other (Specify below) 15 Other (Specify below) 16 Other (Specify below) 17 Other (Specify below) 18 Other (Specify below) 18 Other (Specify below) 19 Other (Spe							
	2 irrigation 4 in	dustrial / Domes	nc (lawn &	garden) (10)	yvionii	oring 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 No; If yes, mo/day/yrs Sample was submitted							
C	Sample was submitted	u	water	well distilled	teur i	168 NO.F.).	••••
S							
5 TYPE OF CASING U	SED: 5 Wrought	t Iron 8 Con	crete tile	CA	SING	JOINTS: Glued	Clamped
1 Steel 3 RMI	(SR) 6 Asbestos	s-Cement 9 Othe	er (specify l	pelow)		Welded	i. X
QPVC 4 ABS	7 Fibergla	SS				Threade	1
Blank casing diameter in. to ft., Diameter in. to f							
			ll	os./it. wai	II tnick	ness or guage No.	.a.c.n
TYPE OF SCREEN OR PERFORATION MATERIAL: 1 Steel 3 Stainless Steel 5 Fiberglass 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 5 Gauzed wrapped 7 Torch cut 9 Drilled holes 11 None (open hole)							
2 Louvered shutter 4 Key nunched 6 Wire wranged 8 Saw Cut 10 Other (specify)							
2 Louvered shutter 4 Key punched 6 Wire wrapped 8 Saw Cut 10 Other (specify) SCREEN-PERFORATED INTERVALS: From							
From							
GRAVEL PACK	INTERVALS: From	11310 ft. to	ao./	0 ft., Fro	m	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 Intervals: From							
What is the nearest source of possible contamination:							
1 Septic tank	4 Lateral lines		10 Livesto			cticide Storage	16 Other (specify
2 Sewer lines	5 Cess pool		11 Fuel sto			indoned water well	below)
Direction from well?	lines 6 Seepage pit	•	12 Fertiliz	_		well/gas well	
FROM TO	LITHOLOGI		FROM	TO		PLUGGING INT	PEDVALC
		CLOG	FROM	10		FLUGGING IN	LICVALS
1' C' DK	P Soil						
6 8 6+6	Grey Clay ray silt Clay i	A. della of					
8' 15' Med	Foy SIT Clay 1	Von Svernen					
	Gray Clay Ino						
15' 201 5/1h	i clay orange (brow	on Moist					
	And the second of the second o			 			
		A STATE OF THE STA					
				-			- Aller Waller Waller Control of the
				-			
7 CONTON A CTODIS OF) I ANDOWNIEDIO C	TEDTETETATION:	Thia water	wall was (1) -	non atu-	inted (2) reconstruct	ted or (2) always
under my jurisdiction and	LANDOWNER'S C	o/day/year) 10 10 0	ims water	this record is	onsuu tmae ta	the heat of my leno	wledge and holist
Kangae Water Wall Control	. was completed on (m.	Orday/year) . F.Y. J.W. 99	r Well Dec	ord was come	uuciC Apted	on (mo/day/year)	Micago and benen.
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) .10.14.04							
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 answers. Send top							
three copies to Kansas Departm	ent of Health and Environm	nent, Bureau of Water, Geo	logy Section,	1000 SW Jackso	on St., S	uite 420, Topeka, Kansa	s 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/waterw	ell/index.html.						