WATER WELL RE	CORD	Form W	WC-5	Division of Water	r Resources App. No	).
1 LOCATION OF W. County:	ATER WELL:	Fraction SW /4 NW/4 N	ENWY		Township No. T S	Range Number R
Street/Rural Address	of Well Location;	if unknown, distance	& direction	Global Positioning	System (GPS) in	formation:
from nearest town or intersection: If at owner's address, check here						
Elevation:						
2 WATER WELL OWNER: JEROME J'CHOEL Collection Method:						
City, State, ZIP Code : SALINA XI 62401				Digital Map/Thoto,   Topographic Map,   Eand Survey		
3 LOCATE WELL	JAL	INA, TI		Est. Accuracy:  <	3 m, ☐ 3-5 m, ☐	5-15 m, $\square$ >15 m
WITH AN "X" IN	4 DEPTH OF	COMPLETED WEI	L	<u>2</u> 2ft.		
SECTION BOX:	[ = 4](a) and an are a management (2)[ (2)					
Pump test data: Well water wasft. after						
NW NE	gpm Well water	er was	ft. after	hours pump	ping gpm	
W NW NE NE EST. YIELD Well water was ft. after hours pumping						njection well
SWSE   Domestic						Other (Specify below)
☐ Irrigation ☐ Industrial ☐ Domestic-lawn & garden ☐ Monitoring well						
S If yes, mo/day/yr sample was submitted						
Water well distincted: [25 1cs ] 100						
5 TYPE OF CASING USED: Steel VPVC Other						
CASING JOINTS: Glued Clamped Welded Threaded Casing diameter in. to ft., Diameter in. to ft., Diameter in. to ft. Casing height above land surface in., Weight 16.0 lbs./ft., Wall thickness or gauge No. S. C. 26.						
Casing height above land surface						
☐ Steel ☐ Stainless Steel ☐ Other (Specify)						
☐ Brass ☐ Galvanized Steel ☐ None used (open hole)  SCREEN OR PERFORATION OPENINGS ARE:						
Continuous slot						
☐ Louvered shutter ☐ Key punched ☐ Wire wrapped ☐ Saw cut ☐ Other (specify)						
From ft. to ft., From ft. to ft.						
GRAVEL PACK INTERVALS:         From						
6 GROUT MATERIAL: Neat cement Cement grout Bentonite Other						
Grout Intervals: From						
Septic tank						
Sewer lines						
	LITHOLOG	7C L OC				CODIC DITEDUAL C
FROM TO	Die T	ile LOG	FROM	TO LITHO. LO	og (cont.) or PLU	GGING INTERVALS
3 26 CLA	Y BEOWN TO	DARK GRAY	,			
	204 LOOM	TAN TAN				
49 55 CLF	TY BEAY	JOFF				
	IVEL BLOW	שנ				
WR SHE	AKE GLAY					
7 CONTD A CTOD'S O	D I ANDOWNE	o's CEDTIEICATIO	N. This water	ur well was 🔀 const-	noted Transport	oted or nivered
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, $\Box$ reconstructed, or $\Box$ plugged under my jurisdiction and was completed on (mo/day/year). 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 (morday/year) 0.7-09						
INSTRUCTIONS: Use typewriter or ball point pen. <u>PLEASE PRESS FIRMLY</u> and <u>PRINT</u> clearly. Please fill in blanks and check the correct answers. Send three copies						
(white, blue, pink) to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-5524. Send one copy to WATER WELL OWNER and retain one for your records. Include fee of \$5.00 for each constructed well. Visit us at						
http://www.kdheks.gov/waterwell/index.html.						
KSA 82a-1212						