WATER WELL RE	CORD	Form	WWC-5	Di	vision of Wate	r Resources App. No	_{s.}			
1 LOCATION OF WA	TER WELL:	Fraction 77	0.1 05	0-4	on Number	Township No.	Range N			
County: SAL	INE	3 L/4/V W/4C	100 74 V N/4	Ì	10	T 14 S	R (3	□E XW		
Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here										
155 N. OAKDALE AUR				Long Eleva	Longitude: (in decimal degrees) Elevation:					
2 WATER WELL OWNER: ANIEL CHILDREN'S CENTRE Datum: WGS 84, NAD 83, NAD 27 Collection Method:										
RR#, Street Address, Box #: 155 N. DAKDALE AVE. City State 7IB Code Distribution (Make/Model:										
City, State, ZIP Code : SALINA KS 67401					☐ Digital Map/Photo, ☐ Topographic Map, ☐ Land Survey					
3 LOCATE WELL	1	•		-	ccuracy: <	3 m, 3-5 m, 3	5-15 m, [] >15 m		
WITH AN "X" IN	4 DEPTH OF	COMPLETED W	ELL	/ 	ft.					
SECTION BOX: Depth(s) Groundwater Encountered (1) a 20										
N WELL'S STATIC WATER LEVELS 15										
		ft. after hours pumping gpm								
W NW NE E	Bore Hole Diam	eter								
		TO BE USED AS								
SW SE Domestic										
Was a chemical/bacteriological sample submitted to Department? Yes No										
S If yes, mo/day/yr sample was submitted										
Water well disinfected? ▼ Yes □ No										
5 TYPE OF CASING USED: Steel YPVC Other										
CASING JOINTS: M. Glued Clamped Welded Threaded										
Casing diameter										
TYPE OF SCREEN OR PERFORATION MATERIAL:										
☐ Steel ☐ Stainless Steel ☐ YPVC ☐ Other (Specify)										
☐ Brass ☐ Galvanized Steel ☐ None used (open hole) SCREEN OR PERFORATION OPENINGS ARE:										
Continuous slot Mill slot, 22 Gauze wrapped Torch cut Drilled holes None (open hole)										
Louvered shutter Key punched Wire wrapped Saw cut Other (specify) SCREEN-PERFORATED INTERVALS: From ft. to ft., From ft. to ft.										
SUREEN-PERPURATED INTERVALS: From										
From										
From										
6 GROUT MATERIAL: Neat cement Cement grout Bentonite Other										
Grout Intervals: From										
☐ Septic tank		es Pit privy	Livestock p	ens	☐ Insecticide		er (specify	below)		
Sewer lines Cesspool Watertight sewer lines Seepage p			Sewage lagoon Fuel storage Feedyard Fertilizer sto							
Direction from well						s wen				
FROM TO	LITHOLOG		FROM	ТО		OG (cont.) <u>or</u> PLU				
O 3 FILL										
3 IS CLA	Y BLOWN	Query Wil	MA 44 4 4 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	D- /	Taux					
18 86 SAN		SILTY "/S MED. TAN	MUTC THATES	UF C	LAY 1910					
73 74 SHAL		INCUT TAIL								
<u> </u>	** *** *** ***									
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was ★ constructed, ☐ reconstructed, or ☐ plugged										
under my jurisdiction and was completed on (mo/day/year) 0.9										
Kansas Water Well Cont	ractor's License N	o. Sag Th	us Water Well R	ecord w	as completed	on (mo/day/year)	77-0	(R.T. LÓ)		
under the business name INSTRUCTIONS: Use types	vriter or ball point pen	. PLEASE PRESS FIR	MLY and PRINT cle	arly. Pie	ase fill in blanks	and check the correct	answers.	end three copies		
(white, blue, pink) to Kansas	Department of Health	and Environment, Bur	eau of Water, Geold	ogy Section	on, 1000 SW Jac	ckson St., Suite 420, T	opeka, Kar	sas 66612-1367.		
Telephone 785-296-5524. Se http://www.kdheks.gov/waterw		EK WELL OWNER	and retain one for y	our recor	rus. I n clude <u>fee</u>	or'so.00 for each co	onstructed w	eii. Visit us at		
KSA 82a-1212										