WATER WELL RECORD	Form \	WWC-5	Division o	of Water R	tesources App. No). l	
1 LOCATION OF WATER W	Fraction Fraction F 1/4 S T 1/4 S) O =	Section Nur			Range Number	
County: SALINE	SE 45 6 43	W4SE1	30			R 🗷 □E 😿 W	
Street/Rural Address of Well Location; if unknown, distance & direction					ystem (GPS) in		
from nearest town or intersection: If at owner's address, check here				Latitude: (in decimal degrees) Longitude: (in decimal degrees)			
2357 MAYFAIR DE.			Elevation:				
2 WATER WELL OWNER: CLIFFOED CEOUS				Collection Method:			
RR#, Street Address, Box #: 2357 MAYFAIR DR.				☐ GPS unit (Make/Model:) ☐ Digital Map/Photo, ☐ Topographic Map, ☐ Land Survey			
City, State, ZIP Code :	SALINA, KS		Est. Accuracy	$V: \prod < 3$	n, [] 1 opograpnic	5-15 m,	
2 LOCATE WELL	•	+					
WITH AN "X" IN 4 DEI	TH OF COMPLETED WE			ft.	2 "	^`	
SECTION BOX: Depth(SECTION BOX: Depth(s) Groundwater Encountered (1)						
Pump test data: Well water was							
EST. YIELDgpm Well water wasft. after							
W E Bore Hole Diameter7in. to							
SWSE ☐ Domestic ☐ Feedlot ☐ Oil field water supply ☐ Dewatering ☐ Other (Specify below)							
☐ Irrigation ☐ Industrial ☑ Domestic-lawn & garden ☐ Monitoring well							
S If yes, mo/day/yr sample was submitted							
1 mile Water well disinfected? \(\sqrt{V} \) Yes \(\sqrt{N} \) No							
5 TYPE OF CASING USED: Steel YPVC Other							
CASING JOINTS: X Glued Claraged Welded Threaded							
Casing diameter							
Casing height above land surface							
TYPE OF SCREEN OR PERFORATION MATERIAL: ☐ Steel ☐ Stainless Steel ☐ Other (Specify)							
Steel ☐ Stainless Steel ☐ PVC ☐ Other (Specify)							
SCREEN OR PERFORATION OPENINGS ARE:							
Continuous slot Mill slot							
Louvered shutter							
From							
GRAVEL PACK INTERVALS: From. 22 ft. to 50 ft., From ft. to ft.							
From							
6 GROUT MATERIAL: Neat cement Cement grout Bentonite Other							
Grout Intervals: From							
What is the nearest source of possible contamination: ☐ Septic tank ☐ Lateral lines ☐ Pit privy ☐ Livestock pens ☐ Insecticide storage ☐ Other (specify below)							
Sewer lines Cesspool Sewage lagoon Fuel storage Abandoned water well							
Watertight sewer lines Seepage pit Feedyard Fertilizer storage Oil well/gas well							
Direction from well						GGING INTERVALS	
FROM TO LI'	THOLOGIC LOG	FROM	TO LIT	110. LUC	J (COIII.) OF PLU	OULIO INTEKVALS	
	O SILTY						
	WE TO MED TAN	5					
50 CLAY GE							
		-					
					 		
7 CONTRACTOR'S OR LAND	OOWNER'S CERTIFICAT	ION: This was	er well was	Construc	ted, [] reconstr	ucted, or Dugged	
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) 2.7.7.2.2.2.2.2.3.3.3.3.4.4.4.4.4.4.4.4.4.4.4							
Kansas Water Well Contractor's License No This Water Well Record was completed on (mo/day/rear) (2.7							
under the business name of LSTINGER. PMMP. JER. U.C. by (signature) by (signature) INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks and cleck 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							
NOM 044-1414							