County: <u>Sa/i</u>	heFrac	tion SE SE	Sec	// T/	<u>s</u>	<u>3</u> EW
		TO WATER WELL (to rectify lacking or in		`	5)	
Owner: Role	serts Pu	mp				
Location was listed as:		•	Location	changed to:		
Section-Township-Rar	nge: None	Given		11- 14 SE SE	5-3	W
Fraction (1/4 1/4 1/4):				SE SE	NW	
Other changes: Initial s	tatements:		<u> </u>	18-11-11-11-11-11-11-11-11-11-11-11-11-1		
Changed to:						
Comments:						
Verification method:	Wellsite	address,	city s	treet m	ap, an	d
Verification method:	to/ #	aerial pr	hotos on	KGS initials: ARI	web= i	te. 1/2013
Submitted by: Kansas Geto: Kansas Dent of Health	cological Survey, Dat	a Resources Library, I	1930 Constant Ave.,	Lawrence, KS 660	47-3726 /	7

WATER WELL RECO	RD	Form WWC-5	Division of Wate	r Resources App. No	o.			
1 LOCATION OF WATE County:		1/4 1/4 1/4	Section Number	Township No. T S	Range Number R □E □W			
Street/Rural Address of W			Global Positioning					
from nearest town or inter					(in decimal degrees)			
1 44 4	_				(in decimal degrees)			
1116 HIXSON 1	DRIVE SAL	INA, KS	Elevation: Datum: WGS 8		(in decimal degrees)			
2 WATER WELL OWN	RR: ROBERTS	PUMP	☐ Datum: ☐ WGS 8	4, ∐ NAD 83, ∐	NAD 27			
RR#, Street Address, Box	Collection Method: GPS unit (Make/Model:)							
City, State, ZIP Code	1116 412301				c Map, Land Survey			
,,,	SAUNA, KS	67475	Est. Accuracy:					
3 LOCATE WELL	•		_	, <u> </u>				
WITH AN "X" IN 4	DEPTH OF COMPLE	TED WELL6.C) ft.					
SECTION BOX: Do	epth(s) Groundwater Enco	ountered (1)	ft. (2)	ft. (1	3) ft.			
N W	ÆLL'S STATIC WATEF	RLEVEL. A Af	below land surface i	neasured on mo/da	av/vr			
	VELL'S STATIC WATER Pump test data:	Well water was.	ft. after. 010	A. Bours pur	and M D gpm			
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ST. YIELDgpm.	Well water was	ft. after	hours pumi	ninggnm			
NW NE E Be	ore Hole Diameter	λ in to L	ft. and in	to	ft.			
" W	ELL WATER TO BE US	SED AS: Public wa	ter supply	othermal	niection well			
	Domestic Feedle	ot	er supply	watering DC	Other (Specify below)			
1 13W13E1 [—		trial 🔀 Domestic-la						
	as a chemical/bacteriolog							
S V		ple was submitted		× 100				
	ater well disinfected?							
		\						
5 TYPE OF CASING USE	D:	C U Other						
CASING JOINTS: Solution Glued Glamped Welded Threaded Casing diameter								
Casing diameter5.	in. to6Q ft., I	Diameter in.	to ft., D	iameter	. in. to ft.			
Casing height above land s	surfaceir	n., Weight	lbs./ft., Wall thic	kness or gauge No	D			
TYPE OF SCREEN OR PE			• • • • • • • • • • • • • • • • • • • •					
Steel Stainles		L	Other (Specify)		*********			
☐ Brass ☐ Galvan	ized Steel None	used (open hole)						
SCREEN OR PERFORATION			□ D.:01.441	□ N (11-	. \			
Lowered shutter	Mill slot 355 Gauze v	wrapped	Other (specify)	☐ None (open note)			
SCREEN DEDECT ATED II	NITEDVALS: From	Saw cut	f Erom	ft +	ft			
Louvered shutter Key punched Wire wrapped Saw cut Other (specify) SCREEN-PERFORATED INTERVALS: From								
From								
Comparison								
6 GROUT MATERIAL:	□ Neat cement □ Ce	ement grout M Rento	nite		It.			
Grout Intervals: From	Theat centent	ft From	ff to ff	From	ft to ft			
What is the nearest source of	'nossible contamination:	11., 110111	16. 60 16.,	110111	. II. WII.			
Septic tank	Lateral lines Pit p	rivy Livestock	pens 🔲 Insecticide	storage \(\square\) Othe	er (specify below)			
Sewer lines		age lagoon Fuel storage	_		ci (specify ociow)			
	Seepage pit Feed							
Direction from well			from well					
FROM TO	LITHOLOGIC LOG	FROM			GGING INTERVALS			
2 35' GRAY								
35 10 (000	51= 50al)							
25 W GAZ	St. A VOI							
					, , , , , , , , , , , , , , , , , , , ,			
 		•						
7 CONTRACTORS OF T	ANDOUNDDIO OPPOI	EICATION: This - 1	on vvolt v (\sqrt{\sq}}\ext{\sqrt{\sq}}}}\sqrt{\sq}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}		noted on [] =11			
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). 3 and this record is true to the best of my knowledge and belief,								
under my jurisdiction and was completed on (mo/day/year) . 5								
Kansas Water Well Contracto	or's License No.	Inis Water Well R	ecord was completed	on (mo/day/year)	-36-615			
under the business name of .		DECCRIPATION OF A DOLLER	by (signature)	m. July				
INSTRUCTIONS: Use typewriter (white, blue, pink) to Kansas Depa								
Telephone 785-296-5524. Send on	ne copy to WATER WELL C	WNER and retain one for	your records. Include fee	of \$5.00 for each co	onstructed well. Visit us at			
http://www.kdheks.gov/waterwell/in								
KSA 82a-1212								