WATER WELL RI	ECORD	Form WWC-5	Divisi	on of Wate	er Resou	rces; App. No.		
			Co	ation May	mhar	Township Numb	per Range Number	
1 LOCATION OF WA County: Sal Distance and direction fr	ine	NE ¼ NW ¼ N	W ¼	hal Posif	ioning	System (decimal of	degrees, min. of 4 digits)	
Distance and direction in located within city? 2461	om nearest town of	r city street address or w						
located within city? 2401	Inginana Ave, Sam.		L	ongitude:	NA			
2 WATER WELL OWNER: Something Else, LLC					NA			
RR#, St. Address, Box # : P.O. Box 1305 City, State, ZIP Code : Salina, KS 67402				atum:	NA	athod: NIA		
City, State, ZIP Code	: Salina, K	S 67402	<u></u>	ata Collec	ction ivi	ethod: NA		
3 LOCATE WELL'S 4 DEPTH OF COMPLETED WELL 34.20 ft. MW5								
LOCATON	D 4400		1	AT AA D	ft 2	ft.	3 ft.	
WITH AN "X" IN	Depth(s) Ground	water Encountered 1	5 62 ft l	selow lan	d surfac	re measured on m	no/day/yr 1/30/14	
SECTION BOX:	Diving toot data: Wall water was fit after hours pumping gpm							
Pump test data: Well water was It. atter hours pumping gpm Est. Yield gpm: Well water was ft. after hours pumping gpm								
X		TO DE LICED ACCA E	บายเกา พลาย	r sinniv	0 /11	Conditioning	I III COULDII WOII	
NW - NE	1 Domestic 3 F	Reed lot 6 Oil field wa	ater supply	,	9 Dewa	itering 12	Other (Specify below)	
W - E	2 Irrigation 4 I	ndustrial 7 Domestic (lawn & ga	rden) (1	0)Moni	toring well		
Sw SE Was a chemical/bacteriological sample submitted to Department? Yes No X; If yes, mo/day/yrs Sample was submitted Water Well Disinfected? Yes No X								
S	Sample was suhi	mitted		W	ater W	ell Disinfected?	Yes INO A	
5 TYPE OF CASING	HCED: 5 Y	Wrought Iron 8	Concrete	tile	CASI	NG JOINTS: Gl	lued Clamped	
5 TYPE OF CASHIG	DMD (SR) 6 A	A shestos-Cement 9	Other (st	ecify bel	ow)	\mathbf{W}_{i}	elded	
DIVC 4	ARS 7 F	Tiberglass			,	Th	rreaded X	
Blank casing diameter	2 in to	19.20 ft Dia	in	. to	ft.,	Dia	in. to ft.	
Cooling height helpy land surface ft. Weight lbs./ft. Wall thickness or gauge No.								
TYPE OF SCREEN OR	PERFORATION	MATERIAL:					• • • •	
1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded 2 PVC 4 ABS 7 Fiberglass Threaded X Blank casing diameter 2 in. to 19.20 ft., Dia in. to ft., Dia in. to ft. Casing height below land surface ft., Weight lbs./ft. Wall thickness or gauge No. TYPE OF SCREEN OR PERFORATION MATERIAL: 1 Steel 3 Stainless steel 5 Fiberglass 7 PVC 9 ABS 11 Other (specify)								
2 Brass 4 Galvanized steel 6 Concrete tile 8 RM (SR) 10 Asbestos-Cement 12 None used (open note)								
SCREEN OR PERFORATION OPENINGS ARE: 5 Gauge wrapped 7 Torch cut 9 Drilled holes 11 None (open hole)								
SCREEN OR PERFORATION OPENINGS ARE: 1 Continuous slot 3 Mill slot 5 Gauze wrapped 2 Torch cut 2 Louvered shutter 4 Key punched 6 Wire wrapped 8 Saw Cut 10 Other (specify) SCREEN-PERFORATED INTERVALS: From 19.20 ft. to 34.20 ft. From ft. to ft. From ft. Fr								
SCREEN-PERFORATED INTERVALS: From 19.20 ft. to 34.20 ft. From ft. to ft.								
		From	ft. to		ft. Fro	om	ft. to tt.	
GRAVEL PACK	INTERVALS:	From 18	ft. to	34.45	ft. Fro	om	tt. to Tt.	
		From	ft. to	tagentett <u>s</u>	tt. Fro	om	II. to 11.	
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other Concrete: 0-1ft								
GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other Concrete: 0-111 Grout Intervals From 1 ft. to 18 ft. From ft. to ft. From ft. to ft. From ft. to ft. What is the nearest source of possible contamination: 10 Livestock pers 13 Insecticide Storage 16 Other (specify)								
What is the nearest source of possible contamination:								
Septic tank 4 Lateral mes / Fit pityy 10 Elvestook poils 13 Misor and 11 1								
2 Sewer lines 5 Cess pool 8 Sewage lagoon (1) Auct storage								
3 Watertight sewer			Z Ferninze Iow many			Well/ gas well		
Direction from well?				,	7	DULCONO	INTERVALS	
FROM TO		OGIC LOG	FROM	TO		PLUGGING	INTERVALS	
0 10 G	rass and gravel o	n top, brown silty clay					The second secon	
	rown sandy clay, rown sand, fine g	nne grameu rained	<u> </u>		<u> </u>			
15 b 25 B 25 B 34.45 B	rown sand, medit	im grained						
23 34.43 1	101111 54114, 222							
				-			CALL THE STATE OF	
		· · · · · · · · · · · · · · · · · · ·	-		Flush	mount waiver fr	om BOW	
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) 1/29/14 and this record is true to into oext of my knowledge and bench.								
Kansas Water Well Contractor's License No. 757 under the business name of Larsen & Associates, Inc. This Water Well Record was completed on (moday/year) 2/18/14 by (signature)								
					enartmen	of Health and Envir	onment. Bureau of Water	
INSTRUCTIONS: Please f	III in blanks or circle that ackson St. Suite 420	e correct answers. Send top t Jopeka, Kansas 66612-1367.	mee copies t Telephone 7	85-296-552	2. Send	WATER WEL	L OWNER and retain one fo	
INSTRUCTIONS: Please fill in blanks or circle the correct answers. Send top three copies to Kansas Department and Environment, Burdat of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-5522. Send on the WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well. Visit us at http://www.kdheks.gov/waterwell.								