WATER WELL RE	CORD XD-	Cろ Form W	WC-5	Division of Wate	r Resources App. No).	
1 LOCATION OF WA	Fraction	,	Section Number	Township No.	Range Number		
		SE 45W 4NV				R 3 □E ZW	
Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here							
from nearest town or i	owner's address, chec	Clobal Positioning System (GPS) information: Latitude:38					
501 N. SANTE FE				Elevation:			
SAlina KS 67401				Datum: WGS 84, NAD 83, NAD 27			
2 WATER WELL OWNER: MATA don CATILE CO. RR#, Street Address, Box #: WILL 6 37 Th ST. NORTH GOIL GPS unit (Make/Model: 7-Phone						ha.1=	
2 WATER WELL OWNER: MATAdon CATILE Co. RR#, Street Address, Box #: 4111 E. 37 Th ST. North City, State, ZIP Code				☐ GPS unit (Make/Model: ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐			
City, State, ZIP Code	W. ch.	ta KS 6	7 22 0	Est. Accuracy:			
3 LOCATE WELL							
WITH AN "X" IN							
SECTION BOX:	SECTION BOX: Depth(s) Groundwater Encountered (1)						
	WELL'S STATIC WATER LEVEL. 3 2ft. below land surface measured on mo/day/yr91.71.201.9 Pump test data: Well water was						
	EST VIELD and Well water was the offer hours numbing and						
W ~ E	Roy Roy Hole Diameter & in to 52 ft and in to ft						
WELL WATER TO BE USED AS: ☐ Public water supply ☐ Geothermal ☐ Injection well							
SW SE Domestic Feedlot Oil field water supply Dewatering Other (Specify below)							
Irrigation Industrial Domestic-lawn & garden Monitoring well .C. X.T. K.B. C.T. (.O.)							
Was a chemical/bacteriological sample submitted to Department? Yes X No If yes, mo/day/yr sample was submitted							
S If yes, mo/day/yr sample was submitted							
CASING JOINTS: Glued Clamped Welded Threaded Casing diameter ft., Diamet							
Casing height above land surface. 5. in., Weight							
TYPE OF SCREEN OR PERFORATION MATERIAL:							
☐ Steel							
Brass Galvanized Steel None used (open hole) SCREEN OR PERFORATION OPENINGS ARE:							
SCREEN OR PERFORATION OPENINGS ARE:							
☐ Louvered shutter ☐ Key punched ☐ Wire wrapped ☐ Saw cut ☐ Other (specify)							
SCREEN-PERFORATED INTERVALS: From							
From						o ft.	
From fl to f From							
From							
Grout Intervals: From O' ft. to 41' ft., From ft. to ft., From ft. to ft.							
What is the nearest source of possible contamination:							
☐ Septic tank ☐ Lateral lines ☐ Pit privy ☐ Livestock pens ☐ Insecticide storage ☑ Other (specify below)							
Sewer lines Watertight sewer l	Cesspool		☐ Fuel storage ☐ Fertilizer st) 🗚	
Direction from well		it recuyatu		from well			
FROM TO	LITHOLOG	IC LOG	FROM			GGING INTERVALS	
	NCMTE						
	wh SHy C	Ax Clox					
27' 52' SA	no	• • •					
			1				
			<u> </u>		Vancous Control of the Control of th		
			 				
			+				
			 				
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was Constructed, reconstructed, or plugged							
under my jurisdiction and was completed on (mg/day/year) 9/.7/ and this record is true to the best of my knowledge and belief.							
Kansas Water Well Contractor's License No							
under the business name	ofLanaj	LMMD SON	ul	. by (signature)	Jy U	u(h)	
INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks and clock the correct answers. Send one copy 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							

