			WATE	R WELL RECORD	Form WWC-5	KSA 82a	-1212			
LOCATION	ON OF WAT	ER WELL:	Fraction	P years APS		ion Number	Township Nun	nber	Range Number	
County:	Saline	>	NE 1/2	SE 1/4 NV			T	S	R 3 W E/W	
Distance and direction from nearest town or city street address of well if located within city?										
	4 mil		of Saling			***************************************				
WATER	R WELL OW	NER: Mrs.	WE COO	K						
RR#, St. A	Address, Box	# : Rt. A	9				Board of Agi	riculture, [	Division of Water Resources	
Dity, State, ZIP Code : Saling 148. 6740						Application Number:				
LOCATE WELL'S LOCATION WITH 4 DEPTH OF COMPLETED WELL. 41. ft. ELEVATION:										
AN "X"	IN SECTION	BOX:	Depth(s) Ground	dwater Encountered 1.	31	ft. 2	<u>.</u>	ft. 3	i	
† <b></b>		1	WELL'S STATION	WATER LEVEL 🎘	∯ ft. be	elow land sur	face measured on n	no/day/yr	9.7.13.7.62	
	1, 1	l l	Pum	p test data: Well water	was	<i>! D</i> ft. ai	fter <b>! / . 2.</b>	hours pu	mping & 💆 gpm	
Est. Yield										
Bore Hole Diameter 6in. toft., andin. to										
WI I WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injectic								Injection well		
1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 C						Other (Specify below)				
	- SW	SE	2 Irrigation	4 Industrial	7 Lawn and g	arden only 1	0 Observation well			
			Was a chemical	/bacteriological sample s	ubmitted to De	partment? Ye	əsNo.	, If yes,	, mo/day/yr sample was sub-	
S mitted Water Well Disinfected? Yes No										
TYPE C	OF BLANK C	ASING USED:		5 Wrought iron	8 Concre	te tile	CASING JOIN	TS: Glue	dClamped	
″ 1 Ste	eel	3 RMP (S	SR)	6 Asbestos-Cement	9 Other (	specify below	v)	Weld	ed	
2 PV	<u>'C</u>	4 ABS		7 Fiberglass				Threa	aded	
									in. to ft.	
Dasing hei	ght above la	nd surface	<i>[. 12</i>	.in., weight		lbs./	ft. Wall thickness or	gauge N	o. S DR 26	
TYPE OF SCREEN OR PERFORATION MATERIAL:						7 PVC 10 Asbestos-cement				
1 Steel 3 Stainless steel				5 Fiberglass	Fiberglass 8 RMP (SR)			11 Other (specify)		
2 Brass 4 Galvanized steel				6 Concrete tile	te tile 9 ABS 12			used (op	pen hole)	
SCREEN OR PERFORATION OPENINGS ARE: 5 Gauzed						wrapped 8 Saw cut 11 None (open hole)				
1 Continuous slot 3 Mill slot 6					wrapped 9 Drilled holes					
2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify)										
SCREEN-PERFORATED INTERVALS: From. 38. ft. to ft., From. ft. to ft.   From. ft. to ft., From. ft. to ft.										
	BRAVEL PA	CK INTERVALS	: From						to	
<b></b>			From						to ft.	
<u>.</u>	MATERIAL	Carrotte and Carro		2 Cement grout	3 Bento					
				ft., From	ft.				ft. to	
What is the nearest source of possible contamination:								bandoned water well		
1 Septic tank 4 Lateral lines				7 Pit privy		11 Fuel storage 15 Oil well/Gas well				
2 Sewer lines 5 Cess pool			•	8 Sewage lagoon			12 Fertilizer storage 16 Other (specify below)			
	ū	er lines 6 See	page pit	9 Feedyard	13 Insecticide storage				,	
Direction f	rom well?	East	LITHOLOGIC	100	FROM	How ma	ny feet? 80	ITHOLOG	PIC LOG	
O	31	11-1-	ilty tar		PHOM	10	J	ITTOLOC	IIO LOG	
31		C.J.	2,000	r pag						
	3.7	Salid	riue		-		ALI YORK AND	//		
37	41	Gravel	* 3 a a q						, , , , , , , , , , , , , , , , , , ,	
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		The second secon		THE STATE OF THE S			en marie de la companio de la compa	.,,,,,		
Z CONT	ZACTOP'S (	JE LANDOWNE	ER'S CERTIEICA	FION: This water well we	as (1) constru	oted (2) room	onstructed or (2) pla	idded iin	der my jurisdiction and was	
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)										
Water Well Contractor's License No										
INSTRUC	TIONS: Use	typewriter or bal	Il point pen, <i>PLEA</i>	SE PRESS FIRMLY and	d <i>PRINT</i> clearl	y. Please fill i	n blanks, underline	or circle th	ne correct answers. Send top	
three copies to Kansas Department of Health and Environment, Division of Environment, Environmental Geology Section, Topeka, KS 66620. Send one to WATER WELL OWNER and retain one for your records.										
O(NN)	and retain or	ie for vour reco	rus.							