		WATE	R WELL RECORD	Form WM	C-5 KSA 82	g-1212			
1 LOCATION OF V	NATER WELL:	Fraction			Section Number	Township	Number	Range Number	
County: Saline		NE 1/4		JF 1/4	23	T 14	<u>4 S</u>	R 3 E/W)	
Distance and direct	tion from nearest town	or city street a	ddress of well if locat	ed within ci	ty?				
701 S. Nint									
2 WATER WELL	OWNER: Bob Ott								
RR#, St. Address, Box # : 1315 Beverly Board of Agriculture, Division of Water Re									
City, State, ZIP Code : Salina, KS 67401					Application Number:				
I LOCATE WELL'S									
- AN "X" IN SECT	N De						, ft. 3	3	
ī !			WATER LEVEL					.06-08-93	
NW -	_ NE _ I							ımping gpm	
Est. Yield gpm: Well water was hours pumping									
# w ! !	Bore Hole Diameter. 7.7/8 in. to 50								
* w 1	i j w	5 Public water supply 8 Air conditioning 11 Injection well							
sw -		1 Domestic	3 Feedlot					Other (Specify below)	
1 1 1 1	1 . 1 .	2 Irrigation	4 Industrial					*******************	
	W	as a chemical/t	pacteriological sample	submitted t	o Department? Y	'esNo	if yes	, mo/day/yr sample was sub-	
		tted	<u> </u>			ater Well Disinfe	cted? Yes	No	
5 TYPE OF BLAN	K CASING USED:		5 Wrought iron	8 Cc	ncrete tile	CASING .		d Clamped	
1 Steel	3 RMP (SR)		6 Asbestos-Cement		her (specify belo	•		fed	
(a) PVC	4 ABS	7 Fiberglass	•				aded		
_								in. to \ldots	
Casing height above land surface									
TYPE OF SCREEN OR PERFORATION MATERIAL:			⊘ evc			10 Asbestos-cement			
1 Steel	3 Stainless st		5 Fiberglass 8 RMi					 	
2 Brass 4 Galvanized steel			6 Concrete tile 9 ABS				None used (op	•	
SCREEN OR PERFORATION OPENINGS ARE: 1 Continuous slot (3)Mill slot			5 Gauzed wrapped		đ	8 Saw cut 9 Drilled hole		11 None (open hole)	
1 Continuous					-				
2 Louvered s	•		7 Toro				• •		
SCREEN-PERFORATED INTERVALS: From35									
From ft. to ft., From ft. to ft. ft.									
GRAVEL	PACK INTERVALS:	_							
-l		From	ft. to	<u>~~~</u>	ft., Fro		ft. t		
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other									
			π., From 2	Ø.D.,					
What is the neares	7 Die auto.	7. Di		10 Livestock pens		14 Abandoned water well			
1 Septic tank			7 Pit privy			_	15 Oil well/Gas well		
2 Sewer lines		8 Sewage lagoon		lizer storage	16 Other (specify below)				
3 Waterlight sewer lines 6 Seepage pit 9 Feedyard 13 Insecticide storage Direction from well? ESE How many feet? 85							oe		
PROM TO	<u> </u>	LITHOLOGIC I	106	FROM			<u>85</u> PLUGGING 1	NTERVALS	
0 4		<u> </u>		77.5.	" 10		7 10 00 011 10 1	777277720	
4" 2	- 1	,				NEGC.			
2 12	GY SLITY CLY								
12 15	BRN SLIY CLY					#0008206	./		
15 19	GY SLITY CLY					#0000200	<u></u>		
19 24	BRN SLT CLY								
24 38	F-C SND					,			
38 49	F-C SND/F GR				i				
49 50	4					<u></u> -			
						· · · · · · · · · · · · · · · · · · ·			
	i		· · ·						
7 CONTRACTOR	S OR LANDOWNER'S	CERTIFICATI	ON: This water well v	vas (1) con	structed. (2) reco	onstructed or (3) plugged und	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)05-25-93									
Water Well Contract		527	This Water \					K/	
under the business		ore c	errices. Inc		by (signa			Koes	
INSTRUCTIONS: U	se typawriter or ball point pen.	PLEASE PRESS F	IRMLY and PRINT clearly. F	?ease fill in bla	nks, underline or circl	le the correct answer	s. Send op three	copies to Kansas Department	
of Health and Emi	ronment, Bureau of Water, Tor	neka Kansas 6662	0-0001, Telephone: 913-296	-5545. Send or	e to WATER WELL C	WNER and retain on	e for Vour record	S	