		WATER \	WELL RECORD	Form WWC	-5 KSA 828	a-1212	
1 LOCATION OF W		Fraction		Se	ection Number	Township Number	Range Number
County: SALINE				SE 1/4	_23	T 14 S	R 3 E(W)
Distance and direction	on from nearest town	or city street addr		ted within city's	,		
2 WATER WELL C	OWNER: DWIGHT	PICKERELL					
RR#, St. Address, E	Box # : 930 HIG	HLAND				Board of Agriculture	e, Division of Water Resources
	le : SALINA.		Application Number:				
J LOCATE WELL'S AN "X" IN SECTI	LOCATION WITH 4	DEPTH OF COM	MPLETED WELL.	66 1 40	ft. ELEVA	TION: 1250	
1 Steel 2 PVC Blank casing diameter Casing height above TYPE OF SCREEN 1 Steel 2 Brass	SE -X CASING USED: 3 RMP (SR) 4 ABS eland surface OR PERFORATION 3 Stainless s 4 Galvanized ORATION OPENING Slot 3 Mill	Pump te Est. Yield 60 Bore Hole Diameter NELL WATER TO 1 Domestic 2 Irrigation Nas a chemical/bac nitted 5 6 7 n. to	est data: Well wa gpm: Well wa	ster was	ter supply ater supply arden only Department? Y Wa rete tile r (specify below Ibs./	ifter . 1 hours ifter hours and	es, mo/day/yr sample was sub- X No ued X Clamped elded readed in to No. SDR 26 ment fy) open hole) 11 None (open hole)
2 Louvered shi	utter 4 Key						
GRAVEL F	PACK INTERVALS: AL: 1 Neat cer rom 1 ft	From NONE From	ft. to ft. to ft. to		ft., Fro ft., Fro ft., Fro	m	. to
What is the nearest	source of possible co	ontamination:					Abandoned water well
·			7 Pit privy			storage 15	Ì
2 Sewer lines 5 Cess pool			8 Sewage lagoon			•	Other (specify below)
3 Watertight se	ewer lines 6 Seepag	ge pit	9 Feedyard	J		At at at a constant	
Direction from well?			•			ny feet? 25	
FROM TO		LITHOLOGIC LO	G	FROM	то		INTERVALS
0 3	TOP SOIL						
3 40	CLAY						
40 53	SAND						
53 54	CLAY						
54 66	MED. SAND	& GRAVEL	,				
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7 CONTRACTOR'S	OR LANDOWNER'S	S CERTIFICATION	: This water well	was (1) constr	ucted, (2) reco	enstructed, or (3) plugged y	nder ny jurisdiction and was
	_{ay/year)} 6-23-				and this reco	d is true to the best of m	knowledge and belief. Kansas
	or's License No. 388	١	This Water				15
under the business r	name of PESTI	NGER PUMP S			by (signa		(lesters)
		n. PLEASE PRESS FIRM	ILY and PRINT clearly	Please fill in blanks		the correct answers. Send top thre	e copies to Kansas Department
						WELL OWNER and retain one for	