				R WELL RECORD	Form WW			
<b>.</b>	ON OF WA	TER WELL:	Fraction NW 1/	SE .	SE I	Section Number 23	Township Number	Range Number
ounty:		from nearest town	1/2	address of well if loca	<u> </u>		T S	] R 7 E(W)
istance an	ia direction		=	AND CIRCLE	aled Willim Cit	y:		
WATER	WELL ON		DIZMANG		· · · · · · · · · · · · · · · · · · ·			
R#, St. A	ddress, Bo	×#: 1100 H	HIGHLAND C	IRCLE			Board of Agriculture,	Division of Water Resources
	ZIP Code	: SALINA	Application Number:					
LOCATE	WELL'S L	OCATION WITH 4	DEPTH OF C	COMPLETED WELL.	60	ft. ELEVAT	rion: 1250	
- w	N SECTIO	7	WELL'S STATION Pum Est. Yield 5 Bore Hole Diam	C WATER LEVEL p test data: Well w gpm: Well w eter 9 in.	.39f rater was rater was to60	t. below land surf 42 ft. aft ft. aft ft., a	ace measured on mo/day/y ter hours p ter hours p ind	3
	1			TO BE USED AS:				Injection well
	- SW	SE,	1 Domestic				9 Dewatering 12	
	1	'*    .	2 Irrigation				0 Monitoring well	
	<u> </u>			bacteriological samp	le submitted to			s, mo/day/yr sample was sub-
TVDE O	E DI ANIIC (	CASING USED:	mitted	E Milanaki kan	0.0-		er Well Disinfected? Yes	7.5
,		3 RMP (SR)	`	5 Wrought iron		norete tile		ed 👗 Clamped
1 Stee		4 ABS	)	6 Asbestos-Cemer		er (specify below	,	ded
			. to 50	7 Fiberglass				adedft.
								No. SDR 26
TYPE OF S	SCREEN O	R PERFORATION	MATERIAL:		<u>7</u>	PVC	10 Asbestos-cem	nent ,
1 Stee	el	3 Stainless	steel	5 Fiberglass	8	RMP (SR)	11 Other (specify	()
2 Bras	ss	4 Galvanize	d steel	6 Concrete tile 9 ABS		ABS	12 None used (c	pen hole)
CREEN O	R PERFO	RATION OPENING	S ARE:	5 Ga	uzed wrapped	1	8 Saw cut	11 None (open hole)
1 Con	ntinuous slo	t 3 Mill	l slot	6 <b>W</b> i	re wrapped		9 Drilled holes	
2 Lou	vered shut	ter 4 Key	y punched	7 To	rch cut		10 Other (specify)	
CREEN-P	ERFORATI	ED INTERVALS:						toft.
								to
G	RAVEL PA	CK INTERVALS:	From					to
I		<del></del>				ft., From		
•	MATERIAL			2 Cement grout				
irout Interv /hat is the		mVt ource of possible c		O ft., From		t. to 10 Livesto		ft. to
1 Septic tank 4 Lateral lines				7 Pit privy			storage 15 Oil well/Gas well	
2 Sewer lines 5 Cess pool				8 Sewage lagoon				Other (specify below)
		er lines 6 Seepa		9 Feedyard	_		icide storage	
Direction fro		SOUTH	J- F-	- · · · · <b>,</b> · · · · ·		How man	٠	
FROM	TO		LITHOLOGIC	LOG	FROM			INTERVALS
0	3	TOP SOIL						
3	38	CLAY						
38	49	SAND						
49	50	CLAY						
50	60	MED. SANI	& GRAVEL					
				4				
							···	
, 1								
				ION: This water well	was (1) cons	tructed. (2) recen	istructed, or (3) plugged ur	nder my jurisdiction and was
		/year) 8. <del>-</del>						nowledge and belief. Kansas
Vater Well	Contractor	's License No	388	This Water	Well Record	was completed	n (md/day/yr) 8/23/89	1
nder the b	usiness na	me of PEST	TINGER PUM	P SERVICE		by (signatu	in Out	estern
INSTRUC	CTIONS: Use t	ypewriter or ball point pe	en. <u>PLEASE PRESS</u>	FIRMLY and PRINT clearly	. Please fill in blar	ks, underline or circle t	the correct answers. Send top three	copies to Kapsas Department
of Health	and Environm	ent, Bureau of Water Pr	rotection, Topeka, Ka	ansas 66620-7320. Telepho	ne: 913-296-5514.	Send one to WATER	WELL OWNER and retain one for	your records.