		WATER V	WELL RECORD	Form WWC-	5 KSA 828			
LOCATION OF WA		Fraction		Se	ection Number	1 '.		Range Number
county: SAL		NE 1/4	NE ¼ SE		25	т 14	S	R 3 EW
istance and directio	n from nearest town	•		d within city?	1			
		69 KENSINGTO	)N					
WATER WELL O	WNER: WAYNE CE	DERBURG						
	ox # : 2169 KEN							ivision of Water Resour
ity, State, ZIP Code	SALINA	KS. 67401						
LOCATE WELL'S								
	N ID							4-6-89
	1 ! ! ! "							
NW	NE							nping 30 gp
1	E	st. Yield7.5	. gpm: Well wate	rwas λιΩ	ft. a	ifter	hours pur	nping gp
w								to
		ELL WATER TO				8 Air conditioning		
sw	SE	1 Domestic						Other (Specify below)
1		2 Irrigation						
	<u> </u>	las a chemical/bac	teriological sample s	submitted to D				mo/day/yr sample was s
	· · · · · · · · · · · · · · · · · · ·	itted			Wa	ter Well Disinfected		
TYPE OF BLANK			Wrought iron	8 Conc	rete tile	CASING JOI		<b>X</b> Clamped
1 Steel	3 RMP (SR)		Asbestos-Cement					d
2 PVC	4 ABS		Fiberglass					ded
lank casing diamete	r 5 in.	. to 45	ft., Dia	in. to	D	ft., Dia	ir	n. to
	land surface12		, weight	<b>&gt;</b> 0	Ibs.	ft. Wall thickness of	or gauge No.	
YPE OF SCREEN (	OR PERFORATION I	MATERIAL:		7 P		10 Asb	estos-cemen	ıt
1 Steel 3 Stainless steel			5 Fiberglass 8 R		MP (SR)	11 Othe	Other (specify)	
2 Brass	4 Galvanized	l steel 6	Concrete tile	9 AI			e used (ope	•
CREEN OR PERFO	PRATION OPENINGS	S ARE:	5 Gauze	ed wrapped		8 Saw cut		11 None (open hole)
1 Continuous sl	ot 3 Mill :	slot	6 Wire v	wrapped		9 Drilled holes		
2 Louvered shu	tter 4 Key	punched	7 Torch	cut		10 Other (specify	)	
CREEN-PERFORAT	TED INTERVALS:							
GRAVEL PA	ACK INTERVALS:	From NONE	ft. to		ft., Fro	m	ft. to	
		From	ft. to			m		
GROUT MATERIA			Cement grout					
			. ft., From	<i></i> ft.	to	ft., From		. ft. to
/hat is the nearest s	source of possible co	ntamination:			10 Lives	tock pens	14 Ab	andoned water well
<ol> <li>Septic tank</li> </ol>	4 Lateral	lines	7 Pit privy		11 Fuel storage		15 Oil well/Gas well	
2 Sewer lines 5 Cess pool		ool	8 Sewage lagoon		12 Fertil	zer storage 16 Other (specify be		ner (specify below)
3 Watertight se	wer lines 6 Seepag	e pit	9 Feedyard		13 Insec	ticide storage		
irection from well?	XXXXX EAST				How ma			
FROM TO		LITHOLOGIC LO	<u>G</u>	FROM	то	PL	ugging in	TERVALS
0 3	TOP SOIL				ļ			
3 24	CLAY							
24 36	SAND							
36 37	CLAY							
37 51	MED. SAND &	& GRAVEL						
					1			
1								
CONTRACTORIO	OR LANDOMNER'S	CERTIFICATION	. This water well	no (1) occat-	ucted (2) rest	pretructed or (2) a	lugged undo	er my jurisdiction and w
								er my jurisdiction and w
-	y/year) 4-6-6						" / <b>// - 13P</b>	wledge and belief. Kans
Vater Well Contracto	Trip Cutt		This Water W	ell Hecord w			X Vo	1
nder the business n		INGER PUMP				we deef	Ne	ery o
INSTRUCTIONS: Use	typewriter or ball point pen	n. PLEASE PRESS FIRM	ILY and PRINT clearly. Ple	ease fill in blanks	, underline or circle	the correct answers. Se	nd top three cop	Dies to Kansas Department
of Health and Environ	ment, Bureau of Water Pro	otection, Topeka, Kansas	6 6620-7320. Telephone:	913-296-5514. S	end one to WATE	T WELL OWNER and fer	an one ioi you	