	WAT	TER WELL RECORD F	orm WWC-5 KSA 8	2a-1212	
1 LOCATION OF WATER WE	ELL Fraction		Section Number		Range Number
County: Saline	NW 1/2	SW WE	14 36	T /4 s	R 3W E/W
Distance and direction from no	earest town or city?		Street address of well	if located within city?	Saling Ks
2 WATER WELL OWNER:	Ron Lindholi	ท			
RR#, St. Address, Box # :	2623 Colonia	1 Lane		Board of Agriculture	e, Division of Water Resource
City, State, ZIP Code :	Salina Kans	67401		Application Numbe	
3 DEPTH OF COMPLETED	WELL	Bore Hole Diameter	7. 3 /4 in. to	ft., and	in. to
Well Water to be used as:	5 Public water	supply	8 Air conditioning	11 Injection w	rell
1 Domestic 3 Feedlot	6 Oil field water		9 Dewatering	12 Other (Spo	ecify below)
2 Irrigation 4 Industria			10 Observation well		
Well's static water level 4	R.O ft. below la	nd surface measured on .	Sep.t	month 2.5	. day . <i>1.980</i> yea
Pump Test Data	: Well water was.	N .Dft. after .		hours pumping $3\mathcal{O}$.	
	gpm: Well water was			hours pumping	gpn
4 TYPE OF BLANK CASING		5 Wrought iron			<u>ued.</u> Clamped
li .	RMP (SR)	6 Asbestos-Cement			elded
	ABS	7 Fiberglass		Th	readed
Blank casing dia 5	in. to ン. う .	ft., Dia	in. to	ft., Dia	in. to
Casing height above land sur		in., weight			
TYPE OF SCREEN OR PERI		- -	7 PVC	10 Asbestos-ce	
	Stainless steel	5 Fiberglass	8 RMP (SR)		ify)
	Galvanized steel	6 Concrete tile	9 ABS	12 None used	, ,
Screen or Perforation Opening	=		d wrapped	8 Saw cut	11 None (open hole)
1 Continuous slot	3 Mill slot	6 Wire w		9 Drilled holes	
2 Louvered shutter Screen-Perforation Dia	4 Key punched	7 Torch o		10 Other (specify)	
	f or	ا π., Dia		π., Diaft. to	in to
Screen-Perforated Intervals:					
Croval Back Intervals:	From		π., From .		
Gravel Pack Intervals:					
5 GROUT MATERIAL:	From	ft. to	ft., From	4 Other	
Grouted Intervals: From	Neat cement				
What is the nearest source of					
1 Septic tank	4 Cess pool	7 Sewage lagoo		•	Abandoned water well
2 Sewer lines	5 Seepage pit	8 Feed yard			Oil well/Gas well
3 Lateral lines	6 Pit privy	9 Livestock pen		startiabt assume lines	Other (specify below)
Direction from well		•		•	Na
Was a chemical/bacteriologica					
was submitted					
If Yes: Pump Manufacturer's r					
Depth of Pump intake					
	1 Submersible			entrifugal 5 Reciproca	•
6 CONTRACTOR'S OR LAN					
completed on Sep t.					
and this record is true to the I					
This Water Well Record was					year under the busines
name of Hydraulic !			y (signature)	Feet	year under the busines
7 LOCATE WELL'S LOCATI	ON FROM TO	LITHOLOGIC	C LOG FR	ом то	LITHOLOGIC LOG
WITH AN "X" IN SECTIO	D 30	Clay tan			
BOX:	30 38		tou		
N	38 43	Sand, fine	Caron		
1 []	43 58	Sand + grave	1		
NW NE		Julia i grave			
E W					
ž W E					
SW SE					
<u> </u>					
\$					
ELEVATION:					
Depth(s) Groundwater Encour	stered 1 2A 4	2 # 2	ft // 4	/Hon a consta	chapt if needed)
INSTRUCTIONS: Use typewrit	er or hall point pen plea	se press firmly and PRINT	π. +π.	nks, underline or circle the co	sheet if needed) rrect answers. Send too three
copies to Kansas Department of	of Health and Environment	, Division of Environment, V	Vater Well Contractors, T	opeka, KS 66620. Send one to	WATER WELL OWNER and
retain one for your records.					