			WATE	R WELL RECOR	D Form W	WC-5 KS	A 82a-	1212				
LOCATIO	ON OF WAT	ER WELL:	Fraction			Section Nu	ımber	Towns	ship Numb	ber	Range N	lumber
County:	Saline		SW 1/4		NW 1/4	13		Т	14	S	R 3	W _{E/W}
Distance ar	nd direction	from nearest town	or city street a	ddress of well if lo	ocated within	city?						
1	N.W. Corne	er of 4th and Wa	lnut St. Salina	a, KS								
1	WELL OW		& That Lamps									
,	ddress, Box		. Republic					Boa	rd of Aari	cultura T	Division of Wat	er Resource
City, State,			, Kansas 674	Λ1		*			lication No		51V131011 01 VVal	CI TIGGOUTOC
			***************************************	······································	. 40						25	
AN "X"	N SECTION	CATION WITH 4	DEPTH OF C	COMPLETED WEL	L	ft. E	LEVAT	TION:	• • • • • • •			
· · · · · · · · · · · · · · · · · · ·	<u> </u>	[epth(s) Ground	lwater Encountere	d 1		ft. 2.		<i></i>	ft. 3	11/29/9) <u>/</u>
ī		· · · · · · · · · · · · · · · · · · ·	VELL'S STATIC	WATER LEVEL		ft. below la	nd surfa	ace measu	red on mo	o/day/yr		
	- NW -	m m NF m m	Pum	p test data: Well	water was .		. ft. aft	ter	h	ours pur	mping	gpm
	- 1411	E	st. Yield NA	gpm: Well	water was .		. ft. aft	ter	h	ours pui	mping	gpm
<u>.</u>	i		Bore Hole Diam	eter8ir	n. to	40	ft., a	ınd		in.	to	
* w -	l	empirorement [TO BE USED AS:		water suppl		8 Air condi			Injection well	
-		1	1 Domestic	3 Feedlot	6 Oil fie	d water supi	-		-		Other (Specify	below)
4 ***	- SW	SE	2 Irrigation	4 Industria								
	! !		•	bacteriological san								
<u> </u>		NAME OF TAXABLE PARTY OF TAXABLE PARTY.		bacteriological San	npie submitted	to Departine						
T = /0= 0	5 2 4444 2		nitted					er Well Dis	· · · · · · · · · · · · · · · · · · ·			X
		ASING USED:		5 Wrought iron		Concrete tile			NG JOINT		d Clam	•
1 Ste		3 RMP (SR)		6 Asbestos-Cen		Other (specify		•			ed	
(2) PV		4 ABS		7 Fiberglass							aded \mathbf{X}	
Blank casir	ng diameter	2 ir	n. to 25	5 ft., Dia		in. to		ft., Dia			in. to	ft.
Casing heig	ght above la	nd surface	3.6	.in., weight			. lbs./ft	t. Wall thick	kness or g	gauge No	o Scn. 40 .	
		R PERFORATION			(Z) PVC			0 Asbest			
1 Ste	el	3 Stainless	steel	5 Fiberglass		8 RMP (SR)		1	1 Other ((specify)		
2 Bra	SS	4 Galvanized	d steel	6 Concrete tile		9 ABS		1	2 None t	used (op	en hole)	
SCREEN C	R PERFOR	ATION OPENING	S ARE:	5 (Gauzed wrapp	ed	`	8 Saw cu	ıt	, ,	11 None (op	en hole)
	ntinuous slot			6 \	Wire wrapped			9 Drilled			` .	,
	vered shutte											
		D INTERVALS:	•	, 25 ft.				,				
JOI 11	LIII OHATL	D INTERIVACO.										
_		N/ () (**********************************		* ft.								
G	HAVEL PAC	CK INTERVALS:		ft.								
1			From		to	3entonite	t., From	<u> </u>				ft.
	MATERIAL			2 Cement grout								
		nft		I ft., From .		ft. to	23	ft., Fi	om ,		ft. to	
What is the	nearest so	urce of possible of	ontamination:			10	Livest	ock þens		14 Al	bandoned wate	er well
1 Sep	otic tank	4 Lateral	lines	7 Pit privy			11 Fuel storage 15 Oil well/Gas well					
2 Sev	ver lines	5 Cess p	ool	8 Sewage lagoon			Fertiliz	zer storage		160	ther (specify b	elow)
3 Wa	tertight sew	er lines 6 Seepag	ge pit	9 Feedyard			13 Insecticide storage UST					
Direction fr	-	South						y feet?	150			
FROM	то		LITHOLOGIC	LOG	FRO			7 1001.	PLUG	GING I	NTERVALS	
0	1	Clay modiu	m brown					MW7				· · · · · · · · · · · · · · · · · · ·
		• •						GeoCore	# 11/110	יבו	lush-mount C	OYON
	4		ark brown									***************************************
4	11	Clay, light b						KDHE#	<u> </u>	<u> </u>	Tag # 001	11/95
11	12	- '	m gray									
12	22	Clay, mediu	m brown - gra	<u>y</u>								
22	25	Clay, mediu	m gray							-		
25	32	Silt, light gr	ay mottled wit	th dark gray								
32	40	Sand, mediu	ım gray									
							.]					
)						
		**************************************						- Productive designation and the control of the con				
												·····
												
			——————————————————————————————————————									***************************************
T							L					
CONTR	ACTOR'S C	R LANDOWNER'S	S CERTIFICAT	ION: This water w	vell was (1))co	nstructed, (2	2) recor	nstructed, c	or (3) plug	ged und	ler my jurisdict	ion and was
completed	on (mo/day/	year)	<i></i>	11/29/94		and thi	s recor	d is true to	the best of	of my kno	owledge and be	
Nater Well	Contractor's	License No	5,2,7	This Wa	ter Well Reco	rd was comp	leted o	n (mo/day/	yr) /		12/15/94	
	ousiness nar		GeoC	ore Services, Inc			(signati		Lale	ak	AL C	
\$ INIOTOLI	OTIONS, Hearth		n DI EACE DOCCO	FIRMLY and PRINT clea	artic Diagon (iii) in h							Danastrant

INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks, underline or circle the correct answers. Send top three copies to Kansas Department of Health and Environment, Bureau of Water, Topeka, Kansas 66620-0001. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.