			WATE	R WELL RECORD	O Form WV	VC-5	KSA 82a	-1212				
LOCATIO	N OF WAT	ER WELL:	Fraction				Number	1	Number		Number	
County:	Saline		SW 1/4	NE 1/4	NW 1/4	13		<u> </u>	14 s	R 3	W _{E/W}	
			wn or city street ac	ddress of well if lo	ocated within c	ity?						
		4th and Waln	·····						***************************************			
	WELL OWN		s & That Lamps	& Shades								
RR#, St. A	ddress, Box		E. Republic						-		ater Resources	
City, State,		: Sali		Application Number:								
LOCATE	WELL'S LC	CATION WITH	4 DEPTH OF C	OMPLETED WEL	L 40	f	t. ELEVA	TION:		1225		
- AIV X II	N SECTION	BOX:	Depth(s) Ground	water Encountered	d 1 <i></i>	:	ft. 2	2	ft.	3		
ī	!	1 ;	WELL'S STATIC	WATER LEVEL .	31.	ft. below	land sur	face measured	l on mo/day/	yr11/29	9/94 · · · · · · · · · · · · · ·	
	X. I	1	Pump	test data: Well	water was		ft. at	fter	hours	pumping	gpm	
- ·	- 1744	146	Est. Yield NA.	gpm: Well	water was		ft. at	fter	hours	pumping	gpm	
•	i	i .	Bore Hole Diame	eter	n. to	<u> 10</u>	ft., a	and		in. to		
₹ W	ı	1	WELL WATER T	O BE USED AS:	5 Public	water su	pply	8 Air condition	ning 1	1 Injection wel	1	
<u> </u>	1	1	1 Domestic	3 Feedlot	6 Oil field	d water s	supply	9 Dewatering	1	2 Other (Speci	fy below)	
-	- SW	St	2 Irrigation	4 Industrial	7 Lawn a	and garde	en only	0 Monitoring	well			
	i	i	Was a chemical/t	oacteriological san	nple submitted	to Depar	tment? Ye	esNo.	x ; If yo	es, mo/day/yr s	ample was sub-	
<u> </u>	5		mitted					ter Well Disinf				
TYPE O	F BLANK C	ASING USED:		5 Wrought iron	8 C	oncrete t	ile	CASING	JOINTS: GIL	ıed Cla		
	el	3 RMP (Si	R)	6 Asbestos-Cem	nent 9 O	ther (spe	cify below	v)	We	elded		
(2)PVC)	4 ABS		7 Fiberglass					Th	readed		
Blank casin	g diameter .	2	.in. to 25	ft., Dia								
Casing heig	jht above lar	nd surface	3.1	.in., weight	<i>.</i>	<u>.</u>	i bs./i	ft. Wall thickne	ss or gauge	No. Sch. 40	0	
		PERFORATIO				PVC			Asbestos-ce			
1 Stee	el	3 Stainless	s steel	5 Fiberglass 8 RMP (SR)			SR)	11	Other (speci-	fy)		
2 Brass 4 Galvanized steel				6 Concrete tile 9 AB			S 12 None			used (open hole)		
SCREEN O	R PERFOR	ATION OPENIN	5 (5 Gauzed wrapped			8 Saw cut	8 Saw cut 11 None (open hole)				
1 Con	(3) M	Vire wrapped			9 Drilled ho	es						
2 Lou	vered shutte	er 4 K	ey punched	7 7	Forch cut			10 Other (sp	ecify)			
SCREEN-P	ERFORATE	D INTERVALS:	From	, . 25 ft.	to	40	ft., Fror	n	ft	. to		
		*	From	ft.	to		ft., Fror	n	ft	. to		
GI	RAVEL PAC	K INTERVALS:	From	23 ft.	to	40	ft., Fror	m	<i></i> . ft	. to		
			From	ft.	to		ft., Fror	n	ft	. to	ft.	
GROUT	MATERIAL:	1 Neat	cement (2 Cement grout	(3) B	entonite	4	Other		*		
Grout Interv	als: From	1 0	. ft. to 21	ft., From	21	ft. to	23	ft., From	1	ft. to		
What is the	nearest sou	rce of possible	contamination:		10 Live			tock pens	14	4 Abandoned water well		
1 Sep	tic tank	4 Later	al lines	7 Pit priv	y	¢"	11 Fuel storage			15 Oil well/Gas well		
2 Sewer lines 5 Cess pool				8 Sewage lagoon			12 Fertilizer storage			Other (specify below)		
3 Wat	tertight sewe	er lines 6 Seep	age pit	9 Feedyard			13 Insecticide storage .			UST		
Direction fro		Southwest						ny feet?	150			
FROM	то		LITHOLOGIC	LOG	FRO	M	то		PLUGGING	INTERVALS		
0	1	Clay, Dark	Brown					MW11				
1	3.5	Clay, Dark						GeoCore # 1		Flush-mount		
3.5	7		Yellow Brown					KDHE # 050)85854	Tag # 00	0111818	
7	10		t Brown, Slight C	_							······	
10_	18	•	ium Brown		2							
18_	22		t Brown, Slight C	-								
22	25	Clay, Ligh	t Brown, Slight C	Orange Tint								
25_	31	Silt, Light	Orange Brown									
31	35	Sand, Ligh	ıt Gray									
35	40	Sand, Med	lium Gray									
							· <u> </u>					
		And the second s										
		-						**************************************				
									removed for more to the form of the post of the management of the same of the			
CONTRA	ACTOR'S O	R LANDOWNER	R'S CERTIFICATION	ON: This water w	ell was 🕦cor	nstructed	, (2) reco	nstructed, or (3) plugged u	nder my jurisdi	iction and was	
completed c	on (mo/day/y	ear)	· · · · · · · · · · · · · · · · · ·	11/29/94		and	this reco	rd is true to the	e best of my	knowledge and	belief. Kansas	
			527	This Wat	ter Well Record					12/15/94		
	usiness nam		· · · · · · · · · · · · · · · · · · ·	re Services, Inc.			by (signat		per a	Kirkel		
LINOTOLIC	TIONS: Use tur	counitor or half point	non DIEACE DDECC E	TOME V and DOINT also	at a Diana a forta sa				are Cond ton the		- Diagram	

NSTRUCTIONS: 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.