LOCATION OF WATER WELL:			······································	WATER WELL BECORD Form W				, , , , , , , , , , , , , , , , , , ,			Range Number	
County: Saline 085			277		CU	1/4 Section Number		Township Number		R 3 EW		
		from nearest tov		74	74			<u> </u>		3	<u> </u>	E(AA)
	30 Sout	h of the S	W corner	of Sa	nta Fe Av	e & Ash S	t.					
WATER	WELL OW	NER: Salin	na Fire St	ation			***************************************					
J	Address, Box		7. Elm	0.2012				В	oard of 'A	griculture,	Division of W	ater Resource
City State	ZIP Code	. C.14m		ι 0 1				A	polication	Number:		
LOCATE	WELL'S LO	OCATION WITH	4 DEPTH OF	COMPL	ETED WELL	40	ft. FLEV	ATION:				
J AN "X"	IN SECTION	N BOX:	Depth(s) Grou	ındwater	Encountered	139	<i>. f</i> t.	2		ft. 3	3 <i></i>	
Wie		NE E	WELL'S STATES. Yield Bore Hole Dia WELL WATE! 1 Domes 2 Irrigatio Was a chemic	FIC WATE	ER LEVEL2 data: Well wa gpm: Well wa in. t	6.77 ft. ter was ter was 5 Public wat 6 Oil field wa 7 Lawn and	below land some fit. ft. ft. ft. ft., er supply ater supply garden only Department?	urface mea after after and 8 Air cor 9 Dewate 10 Monito	sured on inditioning ering well iNoX	mo/day/yr hours pu hours puir 11 12; If yes	1-13- imping imping to Injection well Other (Speci	95 gpm gpm gpm ft
TYPE	SE DI ANIK C	ASING USED:	mitted	5 \A/ı	rought iron	8 Conci		ater Well [No Cla	mped
		ASING USED: 3 RMP (SI	D)		rought iron		ete the (specify belo		SING JOI			
1 Ste 2 PV		4 ABS	rt)		sbestos-Cemen berglass		(specify beit	•				,
Blank casi	o diameter	2	in to	20 ′ ′ ′′	f Dia	in to	· · · · · · · · · · · · · · · · · · ·	# D	io.	11116	in to	
Casing hei	aht above la	and surface	0	in w	eight		ibs	/ft Wall th	ickness (or dauge N	lo	
		R PERFORATIO			olgitt	(7)PI		True Francis		estos-cem		
1 Ste		3 Stainless		5 Fil	berglass	A STATE OF THE PARTY OF THE PAR	MP (SR)					
2 Brass 4 Galvanized s				· · · · · · · · · · · · · · · · · · ·			3S			ie used (o)		
		RATION OPENIN		0.00		ized wrapped		8 Saw		.5 2.502 (5)	11 None (c	pen hole)
	ntinuous slo	-69%	fill slot			e wrapped			ed holes			
2 Loi	uvered shutt	NO. OF THE PERSON NAMED IN COLUMN 1	ley punched		7 Tor			10 Othe	r (specify	')		
SCREEN-F	PERFORATI	ED INTERVALS:	From	20	ft. to	40	ft., Fr	om	<i>.</i>	ft.	to	
			From	.,,,,,,,,,	ft. to		ft., Fr	om		ft.	to	
G	RAVEL PA	CK INTERVALS:	From	18	ft. to		ft., Fr	om		ft.	to	ff
		- Alexandria de la compansión de la comp	From		ft. to	The state of the s	tt., Fata			_		
GROUT	MATERIAL	.: 1 Neat	cement	_ (2)Cer	ment grout	_ ③Bent	onite 4					
Grout Inter	vals: From	m	.ft. to	2 1	it., Fron	.5 ft.	to	18 / ft.,	From		ft. to	
		ource of possible	contamination	:		C Angle glog between a common recommendad a series and construction of sold as in process		stock pens	;		bandoned wa	
1 Septic tank 4 Lateral lines				7 Pit privy			11)Fuel storage			15 Oil well/Gas well		
2 Sewer lines 5 Cess poo			•							16 (Other (specify	below)
	•	rer lines 6 Seep			9 Feedyard			13 Insecticide storage				
Direction f		Northwest		10 / 00				any feet?	- /	HOOMIO	NITED (ALC	
FROM 0	то - 3	Concrete	LITHOLOG	IC LOG		FROM 25	30	Cnd			NTERVALS -med. gr	and ol
U	J	Concrete		· · · · · · · · · · · · · · · · · · ·			30		, damp		med. gi	.110, 51
3	4	Clay mod	. brn, fir	rm c1	e1v			этсу	, dam			
	- - T		lstc. damı		оту,	30	40	Snd	grv.	v.f1	, v slty	7. s1
			dam	<u> </u>	***		+			Ly srto		· y ·
4	15	Clv. mod.	. brn, SL	Sltv.	damp				J 7 F		-	
		mod-v pls			F			MW15	-Flusi	nmount	cover	***************************************
1.5	20											
15	20	Silt, Lt-	-mod brn,	s1-mo	d cly,							
		nonplstc							······································			
20	25	Cly, mod	brn, med	p1stc	, damp							
						and the contract of the contra	Charles and the second					
7 CONTE	RACTOR'S (OR LANDOWNE	R'S CERTIFIC.	ATION: T	his water well	was (1) constr	ucted. (2) red	constructed	l, or (3) n	lugged un	der my jurisd	iction and wa
7 CONTR	RACTOR'S (on (mo/day	DR LANDOWNEI /year)	R'S CERTIFIC.	ATION: T	his water well	wae (1) constr	ucted, (2) red —and this red	constructed cord is true	I, or (3) p to the be	olugged un st of mv kr	der my jurisd nowledge and	iction and wa belief. Kansa
completed	on (mo/day	DR LANDOWNEI /year)	1-13-95			· · · · · · · · · · · · · · · · · · ·	-and this rec	ord is true	to the be	st of my kr	nowledge and	iction and wa belief. Kansa

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.