WATER WELL RECORD		Form WWC-5		Div	vision of Water	r Resources App. No	). L
1 LOCATION OF WATER WELL: County: SALINE		Fraction New 1/4 NV		Sectio	n Number	Township No. T / S	Range Number R <b>∠</b> □E <b>½</b> Ŵ
Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here						System (GPS) in	formation: (in decimal degrees)
5037 E. FARRELLY RD.				Longi Elevat	Longitude: (in decimal degrees) Elevation:		
2 WATER WELL OWNER: VINCKINT BACHOFER RR#, Street Address, Box #: 5037 E. FARRELLY RD				1	Datum: WGS 84, NAD 83, NAD 27 Collection Method:		
Gypsum, Ki			1448 1448	☐ GPS unit (Make/Model:			
3 LOCATE WELL		COMPLETED WEL	11	i)	ft.		
WITH AN "X" IN SECTION BOX:	Depth(s) Ground WELL'S STAT	lwater Encountered IC WATER LEVEL	(1) <b>2</b> . <i>0</i> <b>20</b> ft.	ft. below l	(2) and surface r	neasured on mo/da	3)ft. ay/yr 01 - 23 - 12
EST. YIELD		test data: Well water was					
W E	eter						
Irrigation Industrial Domestic-lawn & garden Monitoring well						Other (Specify below)	
Was a chemical/bacteriological sample submitted to Department? Yes No  If yes, mo/day/yr sample was submitted							
1 mile  Water well disinfected?  Yes  No							
5 TYPE OF CASING USED: ☐ Steel ☐ PVC ☐ Other							
Casing diameter							
Casing height above land surface							
☐ Steel ☐ Stainless Steel ☐ Other (Specify)							
☐ Brass ☐ Galvanized Steel ☐ None used (open hole)							
SCREEN OR PERFORATION OPENINGS ARE:  Continuous slot Mill slot. Gauze wrapped Torch cut Drilled holes None (open hole)							
Louvered shutter Key punched Wire wrapped Saw cut Other (specify)  SCREEN-PERFORATED INTERVALS: From ft. to ft., From ft. to ft.							
From ft. to ft. From ft. to ft.							
From							
6 GROUT MATERIAL: ☐ Neat cement ☐ Cement grout ☑ Bentonite ☐ Other							
What is the nearest source	of possible cont	amination:					
Septic tank  Lateral lines Pit privy Livestock  Sewer lines Cesspool Sewage lagoon Fuel storage					Insecticide	storage	ner (specify below)
☐ Watertight sewer lines ☐ Şeepage p		oit 🔲 Feedyard	Fertilizer s	torage	Oil well/ga	ns well	
Direction from well		***************************************					ICCINIC INTERMATE
FROM TO O	LITHOLOG 5016	IC LOG	FROM	ТО	LITHO, LO	og (cont.) <u>or</u> PLU	JGGING INTERVALS
2 14 Cha	y BROWK	)					
14 48 SAN	DITONE	TAIN WELAY LA	YERE			× 1	
48 546	KE BRAY	<i>*</i>					
7 CONTRACTOR'S OF	LANDOWNE	R'S CERTIFICATIO	N: This water	er well w	vas 🗖 Annetr	nicted Treconstr	nicted or nlugged
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was \( \subseteq \cdot							
under my jurisdiction and was completed on (mo/day/year) 2123/2 and this record is true to the best of my knowledge and belief.  Kansas Water Well Contractor's License No. 34							
INSTRUCTIONS: Use typewriter or ball point pen. <u>PLEASE PRESS FIRMLY</u> and <u>PRINT</u> clearly. Please fill in blanks and clack the correct answers. Send three copies							
(white, blue, pink) to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-5524. Send one copy to WATER WELL OWNER and retain one for your records. Include fee of \$5.00 for each constructed well. Visit us at							
http://www.kdheks.gov/waterwell/index.html.  Criginal Returned to Sender  KSA 82a-1212							
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