| WATER V | VELL | RECORD | Form WWC- | | Division of Water Resources; App. No. | | | |
|--|---|----------------------------------|---------------------------|----------------------------|---------------------------------------|------------------------|--------------------------|--|
| 1 LOCATION OF WATER WELL: County: SALINE | | | Fraction NW/4 N | /- 1/ S | ection Number | Township Number T / S | Range Number R 3W E/W | |
| Distance | and dire | ction from nearest town or | city street address of we | ell if G | obal Positioning | g Systems (decimal deg | | |
| located within city? 680 E. WATED WELL RD. Latitude: | | | | | | | | |
| Longitude: | | | | | | | | |
| 2 WATER WELL OWNER: DOUG BEAULEY TEUCK! Hevation: RR#, St. Address, Box # : 680 E. WATER WELL Datum: Datum: | | | | | | | | |
| RR#, St | . Addres | s, Box # : 680 E. | WATEOWER | \sim Λ $_{ m I}$ | Datum: | | | |
| City, Sta | ate, ZIP | Code : SALI | NA PS 6 | <i>1101</i> | Data Collection | Method: | | |
| 3 LOCAT | | L'S 4 DEPTH OF CO | MPLETED WELL | | £ ⊘ f1 | | | |
| LOCAT | | | | 20 | | | _ | |
| | WITH AN "X" IN SECTION BOX: Depth(s) Groundwater Encountered (1) | | | | | | | |
| 1 | SECTION BOX: WELL'S STATIC WATER LEVEL 2 ft. below land surface measured on mo/day/yr | | | | | | | |
| gpin | | | | | | | | |
| | | | | | | | | |
| w NW | WELL WATER TO BE USED AS: 5 Public water supply New York 1 Domestic 3 Feedlot 6 Oil field water supply New York 2 Dewatering 11 Injection well Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below) | | | | | | | |
| 2 Irrigation 4 Industrial 7 Domestic (lawn & garden) 10 Monitoring well | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Sample was submitted | | | | | | | | |
| | S | | | | | | 7 | |
| | | NG USED: 5 Wrough | | | | IG JOINTS: Glued | | |
| 1 Stee | | RMP (SR) 6 Asbest | os-Cement 9 Other | (specify b | elow) | Weided | 1 | |
| Blank casin | g diame | er 5 in to 5 | ft Diameter | in | to ft | Diameter | in to | |
| 2 PVC 4 ABS 7 Fiberglass Threaded. Blank casing diameter 5 in. to 5 ft., Diameter in. to ft., Diameter in. to ft. Casing height above land surface in., Weight 160 lbs./ft. Wall thickness or guage No. 50.4.26 | | | | | | | | |
| TYPE OF SCREEN OR PERFORATION MATERIAL: | | | | | | | | |
| 1 Steel 3 Stainless Steel 5 Fiberglass 7 PVC 9 ABS 11 Other (Specify) | | | | | | | | |
| 2 Brass 4 Galvanized Steal 6 Concrete tile 8 RM (SR) 10 Asbestos-Cement 12 None used (open hole) | | | | | | | | |
| SCREEN OR PERFORATION OPENINGS ARE: 1 Continuous slot 3 Mill slot | | | | | | | | |
| 2 Louvered shutter 4 Key nunched 6 Wire wrapped 8 Saw Cut 10 Other (specify) | | | | | | | | |
| 2 Louvered shutter 4 Key punched 6 Wire wrapped 8 Saw Cut 10 Other (specify) | | | | | | | | |
| From | | | | | | | | |
| GRAVEL PACK INTERVALS: From | | | | | | | | |
| From ft. to ft., From ft. to ft. | | | | | | | | |
| 6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other | | | | | | | | |
| Grout Intervals: From | | | | | | | | |
| What is the nearest source of possible contamination: | | | | | | | | |
| 1 Septic tank 4 Lateral lines 7 Pit privy 10 Livestock pens 13 Insecticide Storage 16 Other (specify | | | | | | | | |
| 2 Sewer lines 5 Cess pool 8 Sewage lagoon 11 Fuel storage 14 Abandoned water well below) | | | | | | | | |
| | | | t 9 Feedyard 1 | 2 Fertilize | r Storage 15 (| Dil well/gas well | | |
| | | ? | | How many | feet? /.U.D.!. | C APPCEN | TDV I I G | |
| FROM | TO | LITHOLOG | ilC LOG | FROM | ТО | PLUGGING INT | ERVALS | |
| 0 | 2 | FILL DIET | | _ | | | | |
| | <i>37</i> | <u>CLAY TAW SI</u> SANDY LOOM | | | | | | |
| | 40 | JAND, FINE T | | | | | | |
| 40 | | CLAY GRAY | DINEB. TITIO | | | | | |
| | | ca y only | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| # CONTED A CTODAY OF LANDOWNIEDIS CERTIFICATION. TIL. (1) (1) (1) (2) (2) (3) (4) | | | | | | | | |
| 7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) PA - DA - DA this record is true to the best of my knowledge and belief | | | | | | | | |
| under my jurisdiction and was completed on (mo/day/year) 26.70.2 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 3.6.2 This Water Well Record was completed on (mo/day/year) 26.7 | | | | | | | | |
| under the business name of Kit CT and 50 Puno (Column Chy (signatura)) | | | | | | | | |
| INSTRUCTIONS: Use typewriter or ball point pen. <u>PLEASE PRESS FIRMLY</u> and <u>PRINT</u> clearly. Please fill in blanks, inderline or circle the correct answers. Send top | | | | | | | | |
| three copies to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone | | | | | | | | |
| 785-296-5522. Send one to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well. Visit us at http://www.kdhe.state.ks.us/geo/waterwells. | | | | | | | | |