

DMW 3006-21

WATER WELL RECORD

Form WWC-5

Division of Water Resources App. No.

1 LOCATION OF WATER WELL: County: Saline, Fraction 1/4 1/4 1/4 NE 1/4, Section Number 3, Township No. T 15 S, Range Number R 3, Global Positioning System (GPS) information: Latitude: 14.10861662, Longitude: 160946.130, Elevation: 1280.591

2 WATER WELL OWNER: City of Salina, RR#, Street Address, Box #: 300 West Ash, City, State, ZIP Code: Salina, Kansas 67401, 3 LOCATE WELL WITH AN "X" IN SECTION BOX: [Diagram], 4 DEPTH OF COMPLETED WELL 21, Depth(s) Groundwater Encountered (1)..... ft. (2)..... ft. (3)..... ft.

5 TYPE OF CASING USED: Steel PVC Other, CASING JOINTS: Glued Clamped Welded Threaded, TYPE OF SCREEN OR PERFORATION MATERIAL: Steel Stainless Steel PVC Other, SCREEN OR PERFORATION OPENINGS ARE: Continuous slot Mill slot Gauze wrapped Torch cut Drilled holes None (open hole)

6 GROUT MATERIAL: Neat cement Cement grout Bentonite Other, Grout Intervals: From 0..... ft. to 14..... ft., What is the nearest source of possible contamination: Septic tank Lateral lines Pit privy Livestock pens Insecticide storage Other (specify below)

Table with 6 columns: FROM, TO, LITHOLOGIC LOG, FROM, TO, LITHO. LOG (cont.) or PLUGGING INTERVALS. Row 1: 0, 21, Clay with silt and sand stringers, , , , , ,

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, reconstructed, or plugged under my jurisdiction and was completed on (mo/day/year) 11/04/14..... and this record is true to the best of my knowledge and belief.

INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks and check the correct answers. Send one copy to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367.