| | | | WATER | R WELL RECORD | Form WWC- | 5 KSA 82a | -1212 | | | |
|--|------------------------------------|---|--|--|--|--|--|---------------|--|--|
| 1 LOCAT | ION OF WA | | Fraction | | Se | ction Number | Township Nun | nber | Range Number | |
| County: | SAL | | NE 1/4 | | NE 1/4 | 14 | ↑ 15 | S | R 3 E/W | |
| Distance | and direction | from nearest town | | ddress of well if loo ARRELLY RD. | | | | | | |
| 2 WATE | B WELL OW | NER: FRANK M | | | | | | | | |
| _ | Address, Bo | | FARRELLY | RD. | | | Board of Agr | riculture C | Division of Water Resources | |
| | | : SALINA | | | | Application Number: | | | | |
| | | | | | 50 | 4 ELEVA | | | | |
| AN "X | 'IN SECTIO | | | | | | | | | |
| - 1 | | | | | | | | | 6-6-94 | |
| 1 | - 1 | ^ | | | | | | | mping 30 gpm | |
| \ \ \ | NW | NIE | | | | | | | | |
| 1 } | į. | | st. Yield . () | gpm: Weli | water was | ft. a | fter | hours pur | mping gpm | |
| A Mile | | | | | | | | in. | toft, | |
| 2 | ! | | | O BE USED AS: | | er supply | 8 Air conditioning | | Injection well | |
| 1 1 | SW | SE | 1 Domestic | _ | | | | | Other (Specify below) | |
| 1 1 | 1 | 1 | 2 Irrigation | 4 Industrial | | | | | | |
| , l | 1 | | /as a chemical/b | acteriological sam | ple submitted to [| Department? Y | esNo¥ | ; If yes, | mo/day/yr sample was sub- | |
| - | | , m | itted | | | Wa | ter Well Disinfected? | Yes X | No | |
| 5 TYPE | OF BLANK | CASING USED: | | 5 Wrought iron | 8 Conc | rete tile | CASING JOIN | TS: Glued | I X Clamped | |
| 1 S | teel | 3 RMP (SR) | | 6 Asbestos-Cem | ent 9 Other | (specify below | v) | Weld€ | ed | |
| | VC | 4 ABS | | 7 Fiberglass | | | | Threa | ded | |
| Blank cas | ing diameter | 5in | . to 54 | ft., Dia | _. in. to | o | ft., Dia | 1 | n. to ft. | |
| Casing he | eight above 1 | and surface. 24 | | in., weight | 160 | Ibs./ | ft. Wall thickness or | gauge No | SDR 26 | |
| | | R PERFORATION I | | - | | /C | | stos-cemei | | |
| 1 S | teel | 3 Stainless s | teel | 5 Fiberglass | 8 RI | MP (SR) | 11 Other | (specify) | | |
| 2 Brass 4 Galvanized steel 6 Concre | | | | | | | | | en hole) | |
| SCREEN | OR PERFO | RATION OPENINGS | S ARE: | 5 G | auzed wrapped | | 8 Saw cut | ٠. | 11 None (open hole) | |
| 1 C | ontinuous slo | t3 Mill | slot .635 | | Vire wrapped | | 9 Drilled holes | | (| |
| | ouvered shut | | punched | | orch cut | | | | | |
| | | ED INTERVALS: | From 54 | | | ft Fro | m | ft to | D | |
| 00,122,1 | | | | | | | | | o | |
| | GRAVEL PA | CK INTERVALS: | | | | | | |) | |
| | OTTO THE TOTAL | OIL HATELTIALO. | | ft. t | | | | | | |
| 6 GBOU | T MATERIAL | .: 1 Neat cer | | 2 Cement grout | | | | | | |
| Grout Inte | | n 5 ft. | _{to} 30 | ft From | <u>o com</u> | to | ft From | | . ft. to | |
| | | ource of possible co | ntamination: | | | 10 Lives | tock pens | 14 Δ | pandoned water well | |
| _ | | • | | 7 Pit privy | | | storage | | | |
| 1 Septic tank 4 Lateral lines | | | | ' ' | | - | | | | |
| 2 Sewer lines 5 Cess pool 8 Sewage lag 3 Watertight sewer lines 6 Seepage pit 9 Feedyard | | | | | | | zer storage | | her (specify below) | |
| | - | SOUTH | е рп | 9 Feedyar | a | | ticide storage . | | | |
| FROM | from well? | DOUTH | LITHOLOGIC L | OG | FROM | TO How man | ny feet? 55 | GGING IN | ITERVALS | |
| 0 | 3 | TOP SOIL | LITHOLOGIC I | <u>-0d</u> | FROW | '0 | 7 20 | daina in | TERVALS | |
| -0 | | | CTIMV | | | | | | | |
| | 18 | CLAY BROWN | | | | | | | The state of the s | |
| 18 | 35 | CLAY REDIS | | ANT TERMET AT A | 32 7 432777 | | | | | |
| 35 | 3 9 | SAND FINE | TO MED. TA | AN WITH CLA | Y LAYERS | | | | | |
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| CONT | DACTOD'S (| OR LANDOWNED'S | CERTIFICATION | ON: This water we | all was (1) constru | icted (2) reco | instructed or (3) plus | aged unde | er my jurisdiction and was | |
| OCM I | on (mo/day | Vear) 6-6-94 | CENTIFICATIO | 214. THIS WATER WE | was (1) constit | and this reco | rdistrue to the heet | of my kno | er my jurisdiction and was | |
| completed | on (morday | year) | 200 | This Wate | | and this recy | 10 10 100 1002 | 76- 94 | wedge and belief. Kansas | |
| | | | | Itils wate | SI VVEII MECOIO WA | as completed t | on (modayy) . | 11 | | |
| | | me of PESTINGE | | | | by (signat | | | sly | |
| INSTRU of Heal | ICTIONS: Use ty th and Environm | pewriter or ball point pen ent, Bureau of Water, Top | . PLEASE PRESS FII oeka, Kansas 66620 | -milit and <u>PHINT</u> clearly -0001. Telephone: 913-2 | y. Please till in blanks, 296-5545. Send one to | WATER WELL OV | the correct answers. Send VNER and retain one for y | our records. | opies to Kansas Department | |