				ELL REC	ORD	Form	wwc.			212 ID I	No		1		mag Nic	ah ar	
1 LOCATION OF WATER WELL: Fraction								_		Number	1	Township Number			Range Number		
County: S	ALINE		N.		NW	1/4		E 1/4		<u> </u>	T	15	<u>S</u>	R	4 W	E/W	
		from nearest to										WELL					
NORTHW	est of	INTERSECT	ION W	ATERWE	LL RD	. & .	LIGH	TVILLE	RD.	TRACT	# 16	NORTH	EAST C	ORNER			
2 WATER	WELL OW	NER: L.E.	FINK								SALIN	TE COU	NTY PE	RMIT #	[#] 00-2	:06	
RR#, St. A	ddress, Box	# : 2065	WESL	EΥ										Division (of Water	Resource	
City, State,	ZIP Code	SALI	NA,KS	. 6740	1						Ap	plication	Number:				
3 LOCATE	WELL'S LC	CATION WITH	4 DEI	TH OF C	OMPLE	TED W	ELL	. 27		ft. ELEVA	TION:						
AN "X" I	N SECTION	N BOX:	Depth(s) Ground	lwater Er	rcounte	ered	1 12	3	ft.	2		ft.	3		ft.	
T	N N		WELLS	STATIC	WATER	LEVEL	. 1.1 •	9 ft.	below la	nd surface	e measur	ed on mo	o/day/yr .	4:-20-	:00 <u>.</u>		
🕈				Pum	p_test da	ta: W	eli wat	erwas	25	ft. a	ıfter	2	hours	pumping	7	gpm	
	- NW -	- NE	Est. Yi	eld .7. t 0	>8 gp	m: We	ell wat	er was		ft. a	ıfter		hours	pumping		gpm	
			Bore H	ole Diam	eter 9		in. 1	to ?	27	ft., a	and			. in. to .		ft.	
🖁 w		- x =				SED A	S: 5	Public wa	ıter supj	-		-		Injection			
ī				omestic		edlot		Oil field w						Other (Sp			
	- sw -	- SE	2 Ir	rigation	4 Ind	ustrial	7	Domestic	(lawn &	garden) 10) Monitor	ing well .					
			Wasa	chemical/b	pacteriolog	ical sar	mple si	ubmitted to	Departr	nent? Yes		No. X	· If ves	mo/day/v	rs samni	le was sub	
	' <u>l</u>		mitted			yioui ou,	,, , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		у Борака	Wate	r Well Dis	sinfected	.,,cc, ? Yes	X	N	lo	
5 TYPE O	F BLANK C	ASING USED:			5 Wroug	ht iron		8 Co	ncrete t	tile	CA	SING JO	DINTS: GI	ued. 🏋	. Clampe	ed	
1 Stee	l	3 RMP (S	R)		6 Asbes	tos-Ce	ment	9 Ot	her (spe	ecify belov	w)		We	lded			
_2 PVC		4 ABS			7 Fiberg	lass							Th	readed			
Blank casi	ing diamete	r5	in. to		ιγ · · · · · · ·	ft., Dia			in. to		ft	t., Dia		in. to	,		
Casing he	ight above	and surface	2	0 ir	n weiaht		1	.60		Ibs./	ft. Wall t	hickness	or gauge	No. SDF	₹ 26		
		OR PERFORAT						7	PVC				bestos-ce				
1 Stee		3 Stainles:			5 Fiberg	lass		8	RMP (S	SR)							
2 Bras	s	4 Galvaniz	zed stee	l	6 Concre	ete tile		9	ABS			12 Noi	ne used (open hole)		
SCREEN	OR PERFO	DRATION OPE	NINGS A	ARE:		5	5 Gau	zed wrap	ped		8 Saw	cut		11 No	ne (open	ı hole)	
1 Cont	tinuous slot		ill slot					wrapped			_	ed holes					
1	ered shutte		ey puncl	4 0	,			h cut	מי		10 Othe	er (specif	у)	• • • • • • •		ft.	
SCREEN-	PERFORA	TED INTERVA	LS: Fro	n .⁄		f	t. to		·/	. ft., From			ft	to		ft.	
	ODAVEL B	ACK INTERVAL	Froi	m 14		۰۲	t. to	2	?7 · · · ·	. π., From		• • • • • •	π.	to	• • • • • • •	π. 4	
	GRAVEL P.	ACK INTERVAL														ft.	
O O DOUT	MATERIA	. 1 Neet e															
6 GROUT	IVIA I ERIAI	L: 1 Neat c m	tt to	1	4	From	n		ft to		00161 ft	From		ft to			
1						.,				10 Lives							
What is the nearest source of possible contamination: 1 Septic tank 4 Lateral lines						7 Pit privy				11 Fuel storage				14 Abandoned water well			
1	er lines	5 Cess				8 Sewage lagoon											
		r lines 6 Seep	•			9 Feedyard				12 Fertilizer storage 16 Other (specification of the first of the firs						ARENT	
į.	=	il lilles o Seep	age pit			91	ccuya	ıu		How mar		ago					
	from well?		LITUOL	2010 10				FRO	M	TO	ly leet:	DI I	IGGING	INTERVA	16	*****	
FROM	то			OGIC LO	<u> </u>			FROI	VI	10		FL	Jadina	INIERVA		 	
0	2	TOP SO							_								
2	10	CLAY G		DOINT F	20 60 437												
10	22	SANDST		ROWN 1	O TAN												
22	27	SHALE	GRAY					-			CDOtt	TTALL O	מאס מידות	NG E	· ·		
													ER OK		ONTE CITAC	· •	
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completed	on (mo/day		-20-0										st of my k ⊿∟	nøwledge 25_n∩	and beli	ief. Kansas	
J.		s Licence No					ater W	eli Record	d was co		1	ayyyr)		(17) ·	·/···	· · · · · · · · ·	
under the b	ousiness nai	ne of PESTI	NGER	PUMP S	ERVIC	E				by (si	gnature)-	Oce.	レイ	Ilek	ere)	D	
	IONS: Use type	writer or ball point per	n. <i>PLEASE</i>	PRESS FIRI	MLYand PR	INT clear	y. Please	fill in blanks,	underline	or circle the c	orrect answe	ers. Send to	three copies	to Kansas De	epartment of	Health and	
INSTRUCT													.00 for each g				