| | | | WATER | WELL RECORD | Form WWC-5 | KSA 82a-1212 | | |
|--|------------------|--------------|---|---------------------------------------|-----------------------|--------------------------------------|---|--|
| 1 LOCATION O | F WATER WE | ELL: | Fraction | | Section Number | Township Number | Range Number | |
| County: Saline | | | SW 1/4 | NW 1/4 SE 1/4 | 24 | T 15 S | R 4 E(W) | |
| Distance and direct 1 mile SW of S | | | or city stre | et address of well if loo | cated within city? | | | |
| 2 WATER WEL | | | on Ventur | es | | | | |
| RR#, St. Address, | | | East Iron | | | Board of Agriculture, Division | on of Water Resources | |
| City, State, ZIP Co | | | , KS 6740 |)1 | | Application Number: | 0. 174.0. 1.0004.003 | |
| | | | | | FII 35 ft | ELEVATION | | |
| AN "X" IN SECTIO | | | | | | | · · · · · · · · · · · · · · · · · · · | |
| N | | | Depth(s) Groundwater Encountered 1 | | | | | |
| | 1 1 | 7 | Pump test data: Well water wasft. after hours pumping gpm | | | | | |
| | • | 1 | Est Viold: | | | after hours pur | | |
| NM- | - NE | 1 | 1 | | | ft., and in. to | | |
| w ! | i . | E | 1 | | | | | |
| ** | 1 | 75 | 1 | | | supply 8 Air conditioning | - | |
| Ls\\ | -×-se | } | | | | ly 9 Dewatering 12 C | | |
| sw | T -3E | 1 | 2 Irrigati | | _ | nly (10 Monitoring well | | |
| | <u> </u> | J | 1 | - | | Department? Yes No | · · · · · · · · · · · · · · · · · · · | |
| | S | | | s submitted | | | | |
| 5 TYPE OF BLA | | USED: | • | | 8 Concrete tile | | NTS: GluedClamped | |
| _ | 3 RMP (SR) | | 6 Asbestos | | 9 Other (specify t | pelow) | Welded | |
| <u> </u> | 4 ABS | | 7 Fiberglas | | | | ThreadedX | |
| | | | | in. to | | | | |
| Casing height abo | ve land surfac | æ24 | in | ., weight | lbs./ft., Wal | I thickness or gauge NoSo | CH 40 | |
| TYPE OF SCREE | N OR PERFO | RATION | I MATERIAI | <u>.:</u> | ⊘ P∨C | 10 Asbestos-cement | · · | |
| 1 Steel | 3 Stainless st | eel | | 5 Fiberglass | 8 RMP (SR) | 11 Other (specify) | | |
| 2 Brass | 4 Galvanized | steel | | Concrete tile | 9 ABS | 12 None used (open hole) | | |
| SCREEN OR PER | REPORATION C | PENIN | GS ARE: | 5 Gauze wrapped | 8 Saw cut | 11 None (ope | en hole) | |
| 1 Continuous sl | ot (| 3 Mill sl | ot | 6 Wire wrapped | 9 Drilled holes | (| | |
| 2 Louvered shu | • | 4 Key p | | 7 Torch cut | 10 Other (specify | A | 1 | |
| SCREEN PERFO | | | | | | , Fromft. to | ft | |
| | | | | | | ., Fromft. to | | |
| GRAVEL PAC | K INTERVAL | s. | | | | ., Fromft. to | | |
| OIVIVEETAC | | J . | | | | ., Fromft. to | | |
| 6 GROUT MA | TERIAI · | 1 Neat | coment | 2 Cement grout | | 4 Other | | |
| | | | | - | • | ft. to f | | |
| | | | | | 10 Livestock pen | | | |
| What is the nearest source of possible contam 1 Septic tank 4 Lateral lines | | | | | 11 Fuel storage | s 14 Abandone 15 Oil well/G | | |
| | | | | 7 Pit privy | • | | | |
| 2 Sewer lines | | 5 Cess | • | 8 Sewage lagoon | 12 Fertilizer stora | • | ectly below) | |
| 3 Watertight s | | 6 Seep | age pit | 9 Feedyard | 13 Insecticide sto | orage | • | |
| Direction from wel | | | | | How many feet? | 1 | | |
| FROM | TO | | LITHOL | OGIC LOG | FROM | TO PLUG | GING INTERVALS | |
| . 0 | | Clay | | | | | | |
| 25 | | caliche | | -11 | | | | |
| 26 | | Clay | | | | | | |
| 32 | 35 | Sitt, Cla | ıy | | | | | |
| | | | | | | | | |
| | - | L | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | 1 | | | | | | |
| | | | | | -1.3 | | · · · · · · · · · · · · · · · · · · · | |
| | | | | | | | 1111. | |
| | | | | | | MW-24s | | |
| 7 CONTRACTO | DIS OF LAND | | D'S CEDTIE | ICATION: This unter | woll woods honeter | cted, (2) reconstructed, or (3 | alugged under my | |
| _ | | | | | _ | | | |
| | | | | | | rue to the best of my knowle | _ | |
| | | | | | | npleted on (mo/day/yr)7/ | 9/08 | |
| under the busines | | | | · · · · · · · · · · · · · · · · · · · | by (signature) | Jane Kalin | | |
| INSTRUCTION | S: Use typewrite | r or ball p | oint pen. <u>PLE</u> | ASE PRESS FIRMLY and | PRINT clearly. Please | e fill/in blanks, underline or cipse | the correct answers. | |
| Send top three of | copies to Kansas | s Departm | ent of Health | and Environment, Bureau | of Water, Topeka, Kan | sas 66620-0001. Telephone: 91 | 3-296-5545. | |
| Send one to WA | ATER WELL OW | VNER and | retain one fo | r your records. | | | | |