|   | WAT  | ER WELL RECORD Form                      | WWC-5 KSA 82   | a-1212   |   |
|---|--|--|--|--|---|
| LOCATION OF WATER   |  | 4 5W 14 SW,                              | Section Number   | 1 7/   | Range Number  |
| County: Saline  |  | address of well if located within        |  | T 16 S   | I R S EW  |
| Distance and direction in                                       | om nearest town or city street   | address of well it located with          | ii Gity :  |  |   |
| WATER WELL OWNE   | ER: MAFR/SHWA  | }  |  |  | #30   |
| RR#, St. Address, Box #   | •  |  |  | Board of Agriculture,  | Division of Water Resource  |
| City, State, ZIP Code   | :  |  |  | Application Number:  |   |
| LOCATE WELL'S LOC   | ATION WITH 4 DEPTH OF  | COMPLETED WELL10.                        | ft. ELEV   | ATION:   |   |
| TYPE OF BLANK CAS  1 Steel 2 PVC Blank Casing height above land | Depth(s) Grour WELL'S STATI Pur Est. Yield Bore Hole Diar WELL WATER 1 Domesti 2 Irrigation Was a chemica mitted  SING USED: 3 RMP (SR) 4 ABS 1 surface Depth(s) Grour WELL'S STATI Pur Est. Yield I bornesti 2 Irrigation Was a chemica mitted  SING USED: 3 RMP (SR) 4 ABS In to Depth(s) Grour WELL'S STATI NETHON MATERIAL 1 Domesti 2 Irrigation Was a chemica mitted  TION OPENINGS ARE: 3 Mill slot 4 Key punched | adwater Encountered 1/ C WATER LEVEL     | ft. below land some ft.  | 2. ft.  urface measured on mo/day/y after hours p after hours p and if a | umping gpm umping gpm umping gpm n. to ft. Injection well Other (Specify below)  No ed Clamped ded eaded in to ft. No. ent Rule Pen hole) 11 None (open hole) |
| CREEN-PERFORATED  |  | ft. to                                   |  |  |   |
| GRAVEL PACK GROUT MATERIAL: Grout Intervals: From.              | From 1 Neat cement   | )/.A ft. to                              | ft., From the fix of t | om   | to ft.  |
|   | ce of possible contamination:  |  |  | •  | Abandoned water well  |
| <ol> <li>Septic tank</li> </ol>                                 | 4 Lateral lines  | 7 Pit privy                              | 11 Fuel  | storage 15 (   | Oil well/Gas well   |
| 2 Sewer lines   | 5 Cess pool  | 8 Sewage lagoon                          | 12 Ferti   |  | Other (specify below)   |
| 3 Watertight sewer  | lines 6 Seepage pit  | 9 Feedyard                               | 13 Inse  | cticide storage🎾   | aur   |
| Direction from well?  |  |  | How ma   | any feet?  |   |
| FROM TO   | LITHOLOGIC   |  | ROM TO   | PLUGGING   |   |
|   |  |  | 0 5.5  |  | 01  |
|   |  |  | .5 6   | Cement   |   |
|   |  |  | 0   7  | Rock sides &   | Şoı   |
|   |  |  | 7 10   | chlorinated Son  | <u>d</u>  |
|   |  |  |  |  |   |
|   |  |  |  |  |   |
|   |  |  |  |  |   |
|   |  |  |  |  |   |
|   |  |  |  |  |   |
|   |  |  |  |  |   |
|   |  |  |  |  |   |
|   |  |  |  |  |   |
|   |  |  |  |  |   |
|   |  |  |  |  |   |
|   |  |  |  |  |   |
| ompleted on (mo/day/yea   | ar) 8/13/92  | FION: This water well was (1)            | and this reco  | ord is true to the best of my kr   | der my jurisdiction and was<br>nowledge and belief. Kansas<br>192   |
| nder the business name  | of Homer Construct   | ties Co Inc.                             | by (signa  | iture) ImW. He   |   |
| INSTRUCTIONS: Use typew   | writer or ball boint pen. PLEASE PRESS   | FIRMLY and PRINT clearly. Please fill in | n blanks, underline or circ  | e the correct answers. Send top three  | copies to Kansas Department   |
| of Health and Environment,                                      | , Bureau of Water, Topeka, Kansas 666  | 620-0001. Telephone: 913-296-5545. Ser   | nd one to WATER WELL C   | WNER and retain one for your record  | ds.   |