WATE	R WELL	RECORD Form	WWC-5	D	ivision of Wate	er T				
Origin	nal Record	☐ Correction ☐ Chan	ge in Well Use		sources App. N		v	Vell ID		
1 LOCATION OF WATER WELL:			Fraction		ection Numbe				ge Number	
County: Saline			SE 1/4 SW 1/4 SE 1/		20	T 11			B ■ W	
2 WELL OWNER: Last Name: Wagoner First: Matt Street or Rural Address where well is located (if unknown, distance and										
Business:					direction from nearest town or intersection): If at owner's address, check here:					
Address: 3484 N. Muir Road					-					
Address	_	- 1/0	1900' E and 2400' S of Ivy Road & 190th Road, Bennington							
City: Salina State: KS ZIP: 67401										
3 LOCATE WELL WITH "X" IN 4 DEPTH OF COMPLETED WELL:21 ft. 5 Latitude:										
WITH "X" IN SECTION BOX: Depth(s) Groundwater Encountered: 1)					L. 5 Latitu	ide:	56000	(decimal degrees)	
SECTI	N BOX:	2) ft	3) ft., or 4)[Longi	tude:97	20900	(decimal degrees)	
	19	WELL'S STATIC WA	TER LEVEL: 7	4 e	Horizo	ontal Datum: Wo	3S 84 L	J NAD 8	33 □ NAD 27	
below land surface					Source	for Latitude/Long	tude:		_	
NW NE above land surface,			, measured on (mo-day	·vr)		PS (unit make/mod	의:)	
Pump test data: Well w			vater was	t.	<u>J</u>	(WAAS enabled? ☐ Yes ☐ No) ☐ Land Survey ☐ Topographic Map				
W E after hours			s pumping	gpm		Online Mapper: Google Earth				
	Well w			ft.		mme mapper	(314.144		•••••	
after hours			numning			4070				
Estimated Yield:			gpm	gpm [6]			Elevation: ~1270ft. Ground Level TOC			
S Bore Hole Diameter:			8.5 in. to 28 ft. and Source			ce: Land Survey GPS Topographic Map				
in to ft										
7 WELL WATER TO BE USED AS:										
1. Domestic: 5. Public Water Supply: well ID							• • • • • • • • • • • • •	*******		
	☐ Household 6. ☐ Dewatering: how many wells?				11. Test Hole: well ID					
Ti .	Lawn & Garden 7. ☐ Aquifer Recharge: well ID 8. ☐ Monitoring: well ID									
		8. 🔲 Monitorin	g: well ID	•••••		ermal: how many b	ores?			
	2. ☐ Irrigation 9. Environmental Remediation: well ID 3. ☐ Feedlot ☐ Air Sparge ☐ Soil Vapor F.				a) Closed Loop Horizontal Vertical					
1 A Spange Son vapor L					b) Open Loop Surface Discharge Inj. of Water					
	4. Industrial Recovery Injection 13. Other (specify):									
Was a chemical/bacteriological sample submitted to KDHE? ☐ Yes ■ No If yes, date sample was submitted:										
Water well disinfected? Wes CINA										
8 TYPE OF CASING USED: Steel PVC Other										
Casing diameter in. to										
weight above land surface										
1 1 PE OF SCREEN OR PERFORATION MATERIAL:										
☐ Steel ☐ Stainless Steel ☐ Fiberglass ☐ PVC ☐ Other (Specify)										
☐ Blass ☐ Gaivanized Steel ☐ Concrete file ☐ None used (open hole)										
SCREEN OR PERFORATION OPENINGS ARE:										
☐ Continuous Slot										
Louvered Shutter 1 Key Plinched 1 Wire Wranned 1 Cour Cut This (Oran II ala)										
SCREEN-PERFORATED INTERVALS: From										
GRAVELTACK INTERVALS: From										
1 > OATO O I MARI DIMINI. NEW CENTERS Propri group										
Grout intervals. From If from If from If to A From A										
Continue of possible contamination:										
Server Lines Insecticide Storage										
Watertight Sewer Lines										
□ Watertight Sewer Lines										
Direction from well? Distance from well? ft.										
IU I KOM	TO	LITHOLOG	IC LOG	FROM	TO I	ITHO. LOG (cont.	or DIT	CCDIC	DITERVALO	
0	2	Topsoil		- ACOIVI	10 1	ATTIO. LOG (cont.	, or PLU	DAING	INTERVALS	
0 2	6	Clay, sandy (vf), Red E	Brown		-					
6	17.5	Sandstone, vf, sl. cmtd		<u> </u>						
17.5	28	Shale, Gray to Blue Gr	av	-						
		Siuf to Dide Gi	uy	—						
		· · · · · · · · · · · · · · · · · · ·		-						
	-		***************************************	Notes:	L_					
	Notes:									
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, reconstructed, or plugged										
under my jurisdiction and was completed on (mo-day-year) .6/4/2020 and this record is true to the best of my knowledge and belief.										
raiisas wa	iter well Co	ntractor's License No. 34	Z/ This Wat	er Well Rec	ard was come	Platad on (ma date	4	ミノイモノつい	12A I	
ander me o	usiness nam	e of Geologe, LLC.		Q i	mature K/	n I. I. I. II. II.				
	under the business name of GeoCore, LLC Signature Signature Mail 1 white copy along with a fee of \$5.00 for each constructed well to: Kansas Department of Health and Environment, Bureau of Water, GWTS Section,									
1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Mail one to Water Well Owner and retain one for your records. Telephone 785-296-5524										
Visit us at http://www.kdheks.gov/waterwell/index.html KSA 82a-1212 Revised 7/10/2015										