		RECORD	Form V		Di	vision of Wa	iter			MW 4		
☐ Origin	al Record	Correction	☐ Change	in Well Use	Res	sources App.	No.		Well ID			
		WATER WEL	L:	Fraction		ection Numb	oer T	ownship Numb		ge Number		
County: Saline SE ¼ NE ¼ NW ½						7		T 14 S		□ E ■ W		
	OWNER:			First:	Street or R	ural Address	s where	well is located	(if unknown,	distance and		
							direction from nearest town or intersection): If at owner's address, check here:					
Address	000 111	sh			1,080' WSW. of E. North St. / Idlewilde Pl. Salina, KS							
Address City:	Salina		State: KS	ZIP: 67401	1,000 110	· · · · · · · · · · · · · · · · · · ·	51411 04.	, idiowildo i i.	Odilitia, ix			
2 LOCATE WELL								22.24=24				
WITH		4 DEPTH	OF COM	PLETED WELL:								
SECTION ROY: Depth(s) Groundwater Encountered: 1)?												
N_1 2)tt. 3)tt., or 4) \square								atum: WGS 84		3 □ NAD 27		
WELL'S STATIC WATER LEVEL:26 below land surface, measured on (mo-day-y						/		titude/Longitude				
	measured on (mo-day- measured on (mo-day-											
NW -	iter was f))						
w	H-I-E						■ Online Mapper: Google Earth					
1	1 6			iter was f		- Chimo inappot						
SW	SE			pumping	6 771	6 FI # 1 216 66 0 = 6 17 1 = mas						
Estimated Yield:				gpm		6 Elevation: 1,216.66ft. Ground Level TOC						
	S	Bore Hole D		4 in. to 53.5	Source	Source: Land Survey GPS Topographic Map						
1 mile in. to ft. Other												
7 WELL WATER TO BE USED AS:												
1. Domestic				er Supply: well ID : how many wells?								
House		***************************************										
_	& Garden	V-4			how many bores							
	☐ Lawn & Garden ☐ Livestock 2. ☐ Irrigation 7. ☐ Aquifer Recharge: well ID							op Horizonta				
3. Feedle			Air Sparge					p Surface Dis				
	4. ☐ Industrial ☐ Recovery ☐ Injection						13. Other (specify):					
Was a chemical/bacteriological sample submitted to KDHE? Yes No If yes, date sample was submitted:												
Was a chemical/bacteriological sample submitted to RDHE? Thes was submitted.												
water well distributed? ☐ Yes ☐ No 8 TYPE OF CASING USED: ☐ Steel ☐ PVC ☐ Other												
Casing diameter												
Casing height above land surface												
TYPE OF SCREEN OR PERFORATION MATERIAL:												
☐ Steel ☐ Stainless Steel ☐ Fiberglass ■ PVC ☐ Other (Specify)												
☐ Brass ☐ Galvanized Steel ☐ Concrete tile ☐ None used (open hole)												
SCREEN OR PERFORATION OPENINGS ARE:												
☐ Continuous Slot ☐ Mill Slot ☐ Gauze Wrapped ☐ Torch Cut ☐ Drilled Holes ☐ Other (Specify)												
☐ Louvered Shutter ☐ Key Punched ☐ Wire Wrapped ☐ Saw Cut ☐ None (Open Hole)												
SCREEN-PERFORATED INTERVALS: From .49.2 ft. to .50.2 ft., From												
GRAVEL PACK INTERVALS: From32 ft. to50.7 ft., From ft. to ft., From ft. to ft.												
9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other												
Grout Intervals: From54 ft. to ft., From ft., From ft., From ft. to ft.												
Nearest source of possible contamination:												
☐ Septic Tank ☐ Lateral Lines ☐ Pit Privy ☐ Livestock Pens ☐ Insecticide Storage ☐ Sewer Lines ☐ Cess Pool ☐ Sewage Lagoon ☐ Fuel Storage ☐ Abandoned Water Well												
☐ Sewer Lines ☐ Cess Pool ☐ Sewage Lagoon ☐ Fuel Storage ☐ Abandoned Water Well ☐ Watertight Sewer Lines ☐ Seepage Pit ☐ Feedyard ☐ Fertilizer Storage ☐ Oil Well/Gas Well												
Other (Specify) Unknown												
Direction fro	Direction from well?											
10 FROM	ТО		THOLOG		FROM	TO	LITHO	LOG (cont.) or	PLUGGING	INTERVALS		
0		Silty Sand an										
19		Gray, Fine to										
28		Dark Gray Le										
30				e to Pebble Sand								
49.7				Sub-Fissle Shale								
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) and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No This Water Well Record was completed on (mo-day-year) under the business name of Advisory Lexing Edition. Signature												
under my ju	risdiction a	nd was comple	ted on (mo	day-year) .G. 4.7.	and	this record	is true to	o the best of my	knowledge	and belief.		
Kansas Wa	ter Well Col	nuractor's Licer	ise ivo	ERKIN JEERIA	CI WEII KEC	onature ==	inpieted	MICHIO-GO	ni) 547 9	EST. K. J		
Mail	white conv ale	ong with a fee of \$	5.00 for each	constructed well to: Kans	as Department	of Health and	Environa	ent, Bureau of Wat	er, GWTS Sec	ction,		
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												