			Form WWC-5	Ι	Division of Wate	er	mw 3	
Origi	nal Record	■ Correction □	Change in Well Use	R	esources App. N	lo.	Well ID	
		WATER WELL:	Fraction	S	Section Number	r Township Numb	per Range Number	
Cour	nty: Saline		NE ¼ NW ¼ SE	4 SW 1/4	7	T 14 S	R 2 DE W	
	2 WELL OWNER: Last Name: First: Street or Rural Address where well is located (if unknown, distance and							
	ss: City of		A Hot.		ction from nearest town or intersection): If at owner's address, check here:			
Address								
Address: 1,450' SSW. of E. North St. / Idlewilde Pl. Salina, KS							Salina, KS	
City:	Salina	Sta	te: KS ZIP: 67401					
A VOCAMBUTTOUT								
WITH "Y" IN 4 DEPTH OF COMPLETED WELL:								
1	SECTION ROX. Depth(s) Groundwater Encountered: 1)!? tt.					Longitude:97.587957(decimal degrees)		
	2)						4 □ NAD 83 □ NAD 27	
	WELL'S STATIC WATER LEVEL:					Source for Latitude/Longitude:		
1 1	below land surface, measured on (mo-day-yr))	
NW -	above land surface, measured on (mo-day-yr).					(WAAS enabled? ☐	Yes No)	
	Pump test data: Well water was ft.					☐ Land Survey ☐ Topographic Map		
w						Online Mapper: Google Earth		
SW	Well water was ft. after hours pumping gpm							
1 7	"	after	hours pumping	. gpm	6 Flever	tion: 1198,41 A	Ground Lavel CT TOC	
	Estimated Yield:gpm Bore Hole Diameter:4in. to35.5.				Source	6 Elevation: 1198.41ft. ☐ Ground Level ☐ TOC Source: ☐ Land Survey ☐ GPS ☐ Topographic Map		
1	S				Other			
7 WELL WATER TO BE USED AS:								
1. Domesti			blic Water Supply: well ID		. 10. 🗌 Oil	Field Water Supply: le	ase	
_	☐ Household 6. ☐ Dewatering: how many wells?					11. Test Hole: well ID		
	☐ Lawn & Garden 7. ☐ Aquifer Recharge: well ID					☐ Cased ☐ Uncased ☐ Geotechnical		
☐ Lives	☐ Lawn & Garden 7. ☐ Aquifer Recharge: well ID					ermal: how many bores		
2. 🔲 Irriga	☐ Irrigation 9. Environmental Remediation: well ID					a) Closed Loop		
3. Feedl	3. ☐ Feedlot ☐ Air Sparge ☐ Soil Vapor Extraction b) Open Loop ☐ Surface Discharge ☐ Inj. of W							
4. Indus	trial	☐ Re	covery		13. 🔲 Otł	ner (specify):		
Was a chemical/bacteriological sample submitted to KDHE? ☐ Yes ■ No If yes, date sample was submitted:								
Water well disinfected? Yes No								
8 TYPE OF CASING USED: ☐ Steel ■ PVC ☐ Other								
Casing diameter 2 in to 34.5 ft., Diameter in to ft., Diameter in to ft. Casing height above land surface 36 in Weight Wall thickness or gauge No. SCH 40								
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								
☐ Louvered Shutter ☐ Key Punched ☐ Wire Wrapped ☐ Saw Cut ☐ None (Open Hole)								
SCREEN-PERFORATED INTERVALS: From .34.0 ft. to .24.0 ft., From ft. to ft., From ft. ft.								
GRAVEL PACK INTERVALS: From34.5 ft. to15 ft., From ft. to ft., From ft. to ft.								
9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other								
Grout Intervals: From								
Nearest source of possible contamination:								
☐ Septic Tank ☐ Lateral Lines ☐ Pit Privy ☐ Livestock Pens ☐ Insecticide Storage								
☐ Sewer		☐ Cess	Pool Sewage La	goon [Fuel Storage		ned Water Well	
☐ Watertight Sewer Lines ☐ Seepage Pit ☐ Feedyard ☐ Fertilizer Storage ☐ Oil Well/Gas Well								
■ Other (Specify) .Unknown								
Direction from well?								
10 FROM	ТО		OLOGIC LOG	FROM			PLUGGING INTERVALS	
0	3		y w/ rust mottling					
3		Med. Sand, oran						
8			roots. Clayey at 14'					
22				1	l			
			Orng/Brwn coarse 32'					
34.5	35.5	Snale Blue/Gray	Rust Lamin Sub-Fissle	1				
				1				
				Notes:				
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was a 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.								
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								
under the business name of MANUALEY LAXINGERING. 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.								
		s.gov/waterwell/index.l		KSA 82a-12			Revised 7/10/2015	