| WATE | <u>r wei</u> | L RECORD | Form WV | VC-5 | Division of Wate | r Resources App. N | o. L | |
|--|---|--|------------------|--|---|--|---------------------------------------|--|
| 1 LOCATION OF WATER WELL: County: Saline | | Fraction NE ¼ SE ¼ SW | ½ NW ½ | Section Number 13 | Township No. T 14 S | Range Number R 3 □E 🗸W | | |
| | | ddress of Well Location; i | | Global Positioning System (GPS) information: | | | | |
| | | own or intersection: If at o | | Latitude: .38.83567(in decimal degrees) | | | | |
| Inte | Intersection at Mulberry St. & Santa Fe Avenue, Salina, KS | | | | | Longitude: 97.60804 (in decimal degrees) | | |
| "" | misrossism at maissiry on a sama roytronas, saima, no | | | | | Elevation: 1225.84 | | |
| 2 WATER WELL OWNER: KDHF-BER | | | | | <u>Datum</u> : ☑ WGS 84, ☐ NAD 83, ☐ NAD 27 | | | |
| The second secon | | | | Collection Method: | | | | |
| RR#, Street Address, Box #: 1000 SW JACKSON STREET City, State, ZIP Code : TOPEKA KS 66612-1367 | | | | ☐ GPS unit (Make/Model:) ☐ Digital Map/Photo, ☐ Topographic Map, ☑ Land Survey | | | | |
| TOPEKA | | | 4. KS 66612-1367 | | Est. Accuracy: $\square < 3 \text{ m}, \square 3-5 \text{ m}, \square 5-15 \text{ m}, \square > 15 \text{ m}$ | | | |
| 3 LOCATE WELL | | | | | | | | |
| | WITH AN "X" IN 4 DEPTH OF COMPLETED WELL .43.0' ft. | | | | | | | |
| SECT | TION BO | OX: Depth(s) Groundwater Encountered (1) . ~ 36.0 . ft. (2) . ft. (3) . ft. | | | | | | |
| | N WELL'S STATIC WATER LEVEL. 35.38'ft. below land surface measured on mo/day/yr | | | | | | | |
| | Pump test data: Well water wasft. after hours pumping gpm | | | | | | | |
| NV | -NWNE - EST. YIELDgpm. Well water wasft. after | | | | | | | |
| w * | | | | | | | | |
| | WELL WATER TO BE USED AS: Public water supply Geothermal Injection well | | | | | | | |
| SW | SW SE Domestic | | | | | | | |
| | Was a chemical/bacteriological sample submitted to Department? Yes V No | | | | | | | |
| S If yes, mo/day/yr sample was submitted | | | | | | | | |
| mile Water well disinfected? \[\subseteq \text{Yes} \subseteq \text{No} \] | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| CASING JOINTS: Glued Clamped Welded Threaded Casing diameter .2 | | | | | | | | |
| Casing height above land surface4.68 in., Weight | | | | | | | | |
| TYPE OF SCREEN OR PERFORATION MATERIAL: | | | | | | | | |
| ☐ Steel ☐ Stainless Steel ☐ PVC ☐ Other (Specify) | | | | | | | | |
| ☐ Brass ☐ Galvanized Steel ☐ None used (open hole) | | | | | | | | |
| SCREEN OR PERFORATION OPENINGS ARE: | | | | | | | | |
| ☐ Continuous slot ☑ Mill slot ☐ Gauze wrapped ☐ Torch cut ☐ Drilled holes ☐ None (open hole) ☐ Louvered shutter ☐ Key punched ☐ Wire wrapped ☐ Saw cut ☐ Other (specify) | | | | | | | | |
| SCREEN-PERFORATED INTERVALS: From | | | | | | | | |
| From | | | | | | | | |
| GRAVEL PACK INTERVALS: From31 ft. to43 ft., From ft. to ft. | | | | | | | | |
| From | | | | | | | | |
| 6 GROUT MATERIAL: ☐ Neat cement ☐ Cement grout ☐ Bentonite ☐ Other | | | | | | | | |
| Grout Intervals: From .1 | | | | | | | | |
| What is the nearest source of possible contamination: | | | | | | | | |
| ☐ Septic tank ☐ Lateral lines ☐ Pit privy ☐ Livestock pens ☐ Insecticide storage ☑ Other (specify below) | | | | | | | | |
| ☐ Sewer lines ☐ Cesspool ☐ Sewage lagoon ☐ Fuel storage ☐ Abandoned water well ☐ Watertight sewer lines ☐ Seepage pit ☐ Feedyard ☐ Fertilizer storage ☐ Oil well/gas well Lust Site | | | | | | | | |
| Direction from well | | | | | | | | |
| FROM | ТО | LITHOLOG | | FROM | | | JGGING INTERVALS | |
| 0 | 1 | Top soil | | | | | A A A A A A A A A A A A A A A A A A A | |
| 1 | 5 | Clay silty | | | | | | |
| 5 | 29 | Clay silty | | | | | | |
| 29 | 43 | Sand, medium to coars | e | | | | | |
| | | | | | | -1440 | 2.4 | |
| | | | | | 70.40 | MW9 | | |
| | | 19.00.00 | NIVEN. | | 200-200 | | | |
| | | | | | | | V-1/4-1 | |
| | | | | | | What is the | | |
| T CONTRIBLE CHORES ON LANDON AND CONTRIBLE CHORES OF THE CONTRIBLE CHORES OF T | | | | | | | | |
| 7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was ☐ constructed, ☐ reconstructed, or ☐ plugged | | | | | | | | |
| under my jurisdiction and was completed on (mo/day/year) .05/21/20.13 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No5.94 This Water Well Record was completed on (mo/day/year) .97/20.13 | | | | | | | | |
| under the business name ofCoranco Great Plains, Inc | | | | | | | | |
| INSTRUCTIONS: Use typewriter or ball point pen. <u>PLEASE PRESS FIRMLY</u> and <u>PRINT</u> clearly. Please fill in blanks and check the correct answers. Send three copies | | | | | | | | |
| (white, blue, pink) to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. | | | | | | | | |
| Telephone 785-296-5522. Send one copy to WATER WELL OWNER and retain one for your records. Include fee of \$5.00 for each constructed well. Visit us at | | | | | | | | |
| http://www.kdheks.gov/waterwell/index.html. KSA 82a-1212 Check: White Copy, Blue Copy, Pink Copy | | | | | | | | |
| KSA 82a-1212 Check: White Copy, Blue Copy, Pink Copy | | | | | | | | |