| | WELL | | WWC-5 | | ision of Water | | MW-08 | | |
|--|------------------|-----------------------|--|--|--------------------|--|---------------------------------|--|--|
| | Record [| | ge in Well Use | | urces App. No. | | Well ID Well ID | | |
| | | VATER WELL: | Fraction SW¼ NE¼ NE¼ | | tion Number | Township Numl | ber Range Number R 3 □ E Z W | | |
| | | | | | | | | | |
| 2 WELL OWNER: Last Name: First: Street or Rural Address where well is located (if unknown, distance and direction from nearest town or intersection): If at owner's address, check here: | | | | | | | | | |
| Address: | 1207 Holid | | | direction from | icarest town or in | iciscodon). Il at owne | a s dudiess, encor here. | | |
| Address: | | - 1/0 | | | | | | | |
| City: | Salina | State: KS | ZIP: 67401 | | | | | | |
| 3 LOCAT | | 4 DEPTH OF CO | . 5 Latitud | 5 Latitude: 38.8329908 (decimal degrees) | | | | | |
| WITH " | A" IN ON BOX: | Depth(s) Groundwater | Encountered: 1)3 | 0 ft. | Longitu | Longitude: 97.6236258 (decimal degrees) | | | |
| SECTION N | | 2) ft. | 3) ft., or 4) | Dry Well | | □ WGS 84 🛂 NA | | | |
| l | | | ATER LEVEL:29. | | Source f | or Latitude/Longitude | <u>ē</u> : | | |
| ' | 1 | ☑ below land surface | e, measured on (mo-day- e, measured on (mo-day- | yr).!.!!!!!!!!!! | ' GPS | |) | | |
| | | | e, measured on (mo-day- water was fl | | l l | (WAAS enabled? ☐ Yes ☐ No) ☑ Land Survey ☐ Topographic Map | | | |
| | E | | | pumpinggpm | | | Online Mapper: | | |
| | | Well | water was f | ft. | | | | | |
| sw | SE | | | oumpinggpm 6 Flavetion: 1227.81 # Co | | | D Count I am I II TOC | | |
| | | Estimated Yield: | ated Yield:gpm Hole Diameter:8.25in. to35ft. a | | | 6 Elevation: 1227.81ft. ☐ Ground Level ☑ TOC Source: ☑ Land Survey ☐ GPS ☐ Topographic Map | | | |
| | S nile | | | | | | Ors 🗀 Topograpine Map | | |
| | | | in. io | II. | | | | | |
| 7 WELL WATER TO BE USED AS: 1. Domestic: 5. □ Public Water Supply: well ID | | | | | | | | | |
| ☐ House | =' | | ing: how many wells? | | 11. Test Ho | 11. Test Hole: well ID | | | |
| . — | & Garden | 7. Aquifer I | Recharge: well ID | | | ☐ Cased ☐ Uncased ☐ Geotechnical | | | |
| ☐ Livesto | ock | | Recharge: well ID ng: well IDMW | | | 12. Geothermal: how many bores? | | | |
| | | | tal Remediation: well II | | | a) Closed Loop _ Horizontal Vertical | | | |
| 3. ☐ Feedlot ☐ Air Sparge | | | | ☐ Soil Vapor Extraction b) Open Loop ☐ Surface Discharge ☐ Inj. of V | | | | | |
| 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? ☐ Yes ☑ No | | | | | | | | | |
| 8 TYPE OF CASING USED: ☐ Steel ☑ PVC ☐ Other | | | | | | | | | |
| Casing diameter | | | | | | | | | |
| 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 .25 ft. to .35 ft., From ft. to ft. from ft. to ft. | | | | | | | | | |
| GRAVEL PACK INTERVALS: From | | | | | | | | | |
| 9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other | | | | | | | | | |
| Nearest source of possible contamination: | | | | | | | | | |
| Septic Tank | | | | | | | | | |
| ☐ 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) | | | | | | | | | |
| 10 FROM | om well? | | | | | | | | |
| 0 FROM | | Lithology not logged | OGIC LOG | FROM | I OT | THO. LOG (cont.) | or PLUGGING INTERVALS | | |
| 5 | 20 | Clay, brown to red be | rown | | | | | | |
| 20 | 35 | Fine Sand and Clay, | | | | | | | |
| | 33 | i ino band and blay, | JOHIO SIIL | | <u> </u> | | | | |
| | | | | | | | | | |
| | | | | 1 | | | | | |
| · · · · · · · · · · · · · · · · · · · | | | | 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) 1.1/10/2014 and this record is true to the best of my knowledge and belief. | | | | | | | | | |
| Kansas Water Well Contractor's License No. 531. This Water Well Record was completed on (mo-day year) 12/04/2014 | | | | | | | | | |
| under me c | Justiness nam | | المجاري. WELL OWNER and retain | one for your rec | ords. Fee of \$5.0 | 0 for each constructed w | vel / | | |
| KS Departs | ment of Health | | | | | | 367. Telephone 785-296-3565. | | |
| Visit us at http://www.kdheks.gov/waterwell/index.html KSA 82a-1212 | | | | | | | | | |