

# WATER WELL RECORD Form WWC-5

Division of Water  
Resources App. No.

MW3

☒ Original Record ☐ Correction ☐ Change in Well Use

Well ID

|   |                                 |                             |                                  |  |
|---|---------------------------------|-----------------------------|----------------------------------|--|
| <b>1 LOCATION OF WATER WELL:</b><br>County: <b>Saline</b> | Fraction<br>NW ¼ NW ¼ SE ¼ NW ¼ | Section Number<br><b>14</b> | Township Number<br>T <b>14</b> S | Range Number<br>R <b>3</b> E <input checked="" type="checkbox"/> W |
|---|---------------------------------|-----------------------------|----------------------------------|--|

|   |  |
|---|--|
| <b>2 WELL OWNER:</b> Last Name: <b>Kansas Dept of Health &amp; Environment</b><br>Address: <b>1000 SW Jackson St., Suite 410</b><br>City: <b>Topeka</b> State: <b>KS</b> ZIP: <b>66612-1367</b> | 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: <input type="checkbox"/><br><b>~190' W of SW corner Walnut St. &amp; Broadway, Salina</b> |
|---|--|

|  |  |  |
|--|--|--|
| <b>3 LOCATE WELL WITH "X" IN SECTION BOX:</b><br>N<br>W X E<br>S<br>1 mile | <b>4 DEPTH OF COMPLETED WELL:</b> <b>33</b> ft.<br>Depth(s) Groundwater Encountered: 1) ..... ft.<br>2) ..... ft. 3) ..... ft., or 4) <input type="checkbox"/> Dry Well<br>WELL'S STATIC WATER LEVEL: ..... ft.<br><input type="checkbox"/> below land surface, measured on (mo-day-yr) .....<br><input type="checkbox"/> above land surface, measured on (mo-day-yr) .....<br>Pump test data: Well water was ..... ft.<br>after ..... hours pumping ..... gpm<br>Well water was ..... ft.<br>after ..... hours pumping ..... gpm<br>Estimated Yield: ..... gpm<br>Bore Hole Diameter: <b>8</b> in. to <b>33</b> ft. and<br>..... in. to ..... ft. | <b>5 Latitude:</b> <b>38.83806</b> (decimal degrees)<br><b>Longitude:</b> <b>-97.62569</b> (decimal degrees)<br>Horizontal Datum: <input type="checkbox"/> WGS 84 <input checked="" type="checkbox"/> NAD 83 <input type="checkbox"/> NAD 27<br>Source for Latitude/Longitude:<br><input type="checkbox"/> GPS (unit make/model: <b>Spectro Precision Epp</b> )<br>(WAAS enabled? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No)<br><input type="checkbox"/> Land Survey <input type="checkbox"/> Topographic Map<br><input type="checkbox"/> Online Mapper: ..... |
|--|--|--|

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| <b>7 WELL WATER TO BE USED AS:</b><br>1. Domestic:<br><input type="checkbox"/> Household<br><input type="checkbox"/> Lawn & Garden<br><input type="checkbox"/> Livestock<br>2. <input type="checkbox"/> Irrigation<br>3. <input type="checkbox"/> Feedlot<br>4. <input type="checkbox"/> Industrial<br>5. <input type="checkbox"/> Public Water Supply: well ID .....<br>6. <input type="checkbox"/> Dewatering: how many wells? .....<br>7. <input type="checkbox"/> Aquifer Recharge: well ID .....<br>8. <input checked="" type="checkbox"/> Monitoring: well ID <b>MW3</b><br>9. Environmental Remediation: well ID .....<br><input type="checkbox"/> Air Sparge <input type="checkbox"/> Soil Vapor Extraction<br><input type="checkbox"/> Recovery <input type="checkbox"/> Injection<br>10. <input type="checkbox"/> Oil Field Water Supply: lease .....<br>11. Test Hole: well ID .....<br><input type="checkbox"/> Cased <input type="checkbox"/> Uncased <input type="checkbox"/> Geotechnical<br>12. Geothermal: how many bores? .....<br>a) Closed Loop <input type="checkbox"/> Horizontal <input type="checkbox"/> Vertical<br>b) Open Loop <input type="checkbox"/> Surface Discharge <input type="checkbox"/> Inj. of Water<br>13. <input type="checkbox"/> 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 JOINTS: ☐ Glued ☐ Clamped ☐ Welded ☒ Threaded  
Casing diameter **2** in. to **13** ft., Diameter ..... in. to ..... ft., Diameter ..... in. to ..... ft.  
Casing height above land surface **-7.68** in. Weight ..... lbs./ft. 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 ☒ 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 **13** ft. to **33** ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.  
**GRAVEL PACK INTERVALS:** From **11** ft. to **33** ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.

**9 GROUT MATERIAL:** ☐ Neat cement ☐ Cement grout ☒ Bentonite ☒ Other **Concrete**  
Grout Intervals: From **0** ft. to **1** ft., From **1** ft. to **11** 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  
☐ Watertight Sewer Lines ☐ Seepage Pit ☐ Feedyard ☐ Fertilizer Storage ☐ Oil Well/Gas Well  
☒ Other (Specify) **Contaminated site** .....

Direction from well? ..... Distance from well? ..... ft.

| 10 FROM | TO | LITHOLOGIC LOG                 | FROM | TO | LITHO. LOG (cont.) or PLUGGING INTERVALS |
|---------|----|--------------------------------|------|----|--|
| 0       | 2  | Clay, silty, Dark Brown        |      |    |  |
| 2       | 10 | Clay, silty to v. silty, Brown |      |    |  |
| 10      | 21 | Clay, sl. silty, Gray Brown    |      |    |  |
| 21      | 24 | Clay, silty, sandy, Brown      |      |    |  |
| 24      | 30 | Clay, v. sandy, Brown          |      |    |  |
| 30      | 33 | Sand, vf-f, clayey, Brown      |      |    |  |

**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) **1/30/2019** and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **527** This Water Well Record was completed on (mo-day-year) **3/13/2019** under the business name of ..... Signature **[Signature]**



Walther's Oil Site  
 204 S. Broadway  
 Salina, KS 67401  
 KDHE Project Code: U5 085 14433

GPS Coordinates:

MW1: 38.83791, -97.62507  
 MW2: 38.83776, -97.62507  
 MW3: 38.83806, -97.62569

MW4: 38.83806, -97.62540  
 MW5: 38.83758, -97.62434  
 MW6: 38.83789, -97.62459

RECEIVED  
 APR 26 2019  
 BUREAU OF WATER