		RECORD	Form WV			ision of Wate			MW4	
		Correction				ources App. N		Well ID	No.	
		WATER WEL		action		tion Numbe			nge Number B □ E ■ 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: 1000 SW Jookson St. Suito 410										
Address: ~180 W of SW corner Walnut St. & Bloadway, Salina										
City:	Topeka		State: KS Z	IP: 66612-1367						
3 LOCAT		4 DEPTH	OF COMPL	ETED WELL:						
WITH '				ountered: 1)29		Longi	tude: -97.625	<del>3</del> 40	(decimal degrees)	
SECTION BOX: 2)					Dry Well Horizontal Datum: WGS 84 NAD 83 NAD 27					
WELL'S STATIC WATER LEVEL:						Source	for Latitude/Longitude		i-i <b>-</b>	
	1			asured on (mo-day-		· 📜 📆 Gi	PS (unit make/model:			
NW	NE			asured on (mo-day-y					10)	
$ w  + \frac{1}{ w }$	Pump test data: Well water was					Online Mapper:				
1 1 1	Well water was ft.						пине маррен			
sw	SWSE after hours pumping gpr					( Element	1227 63 A	C	I I aval TOC	
	Estimated Yield:gpm					6 Elevation: .1227.63ft. ☐ Ground Level ☐ TQC Source: ☐ Land Survey ☐ GPS ☐ Topographic Map				
1: .	S Bore Hole Diameter:8 in. to33					Other				
1 mile II. W II.										
7 WELL WATER TO BE USED AS: 1. Domestic: 5. □ Public Water Supply: well ID										
	☐ Household 6. ☐ Dewatering: how many wells?					11. Test Hole: well ID				
	☐ Lawn & Garden 7. ☐ Aguifer Recharge: well ID					☐ Cased ☐ Uncased ☐ Geotechnical				
☐ Livest	☐ Lawn & Garden 7. ☐ Aquifer Recharge: well ID					12. Geothermal: how many bores?				
2.  Irrigat				emediation: well ID		a) Closed Loop    Horizontal    Vertical				
	3. Feedlot Air Sparge Soil Vapor Ex						b) Open Loop			
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 .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										
				, F10m 1	10	II., FIOIII .	11. 10	16.		
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										
Direction from well? Distance from well? ft.										
10 FROM	om well?		ITHOLOGIC		FROM	TO	LITHO. LOG (cont.) or	PLUGGIN	GINTERVALS	
0	12	Clay, silty, Br		LUU	LYON	10	LITTIO. LOG (COIR.) OF	LUCCIN	JATILKTALO	
12	17	Clay, sity, bi		···						
17	20	Clay, silty, sa						· · ·		
20	26			Gray Brown		-	<u> </u>			
26	29	Clay, sandy v								
29	33	Sand, vf, silty								
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) .1/31/2019 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										
Kansas Wa	ater Well Co	ontractor's Lice	nse No741	This Wat	er Well Rec	ord was com	prieted on imo-day-ye	ar) .31.13/4	.w.i.d	
Mail	1 white conv a	long with a fee of	\$5.00 for each cor	structed well to: Kans	as Department	of Health and F	Environment, Bureau of Wa	ater, GWTS	ection,	
under the business name of  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										



APR 2 6 2019

**BUREAU OF WATER** 

Walther's Oil Site 204 S. Broadway Salina, KS 67401

KDHE Project Code: U5 085 14433

## **GPS Coordinates**:

 MW1:
 38.83791, -97.62507
 MW4:
 38.83806, -97.62540

 MW2:
 38.83776, -97.62507
 MW5:
 38.83758, -97.62434

 MW3:
 38.83806, -97.62569
 MW6:
 38.83789, -97.62459