			WWC-5			ion of Water			MW 8S	
✓ Original	Record L	Correction Chang	ge in Well Use			rces App. No.		Well ID		
1 LOCATION OF WATER WELL:						on Number	Township Numb	Township Number Range		
County: Saline			SW 1/4 SW 1/4 SW 1/4	W ¼ SE ¼ 14			T 14 S	T 14 S R 3 □ E 🗾 W		
2 WELL	OWNER: I	ast Name:	First:	Street or	Street or Rural Address where well is located (if unknown, distance and					
Business:					direction from nearest town or intersection): If at owner's address, check h					
Address:	1000 SW	Jackson Street								
Address:				830 Crawford Street, Salina, KS						
City:	Topeka	State: Kan	ISAZIP: 66612							
3 LOCAT		4 DEPTH OF COM	35	Δ.	5 7 444 3	38 8274	583			
WITH "				incountered: 1) 30 ft.			e: 38.82745	0000	.(decimal degrees)	
			3) ft., or 4) \(\subseteq \) Dry Well			Longitude:097.6209326(decimal degrees) Datum: □ WGS 84 ☑ NAD 83 □ NAD 27				
N N	1	WELL'S STATIC WA	3) II., OF 4) [Li Dry We	П				NAD 27	
		WELL'S STATIC WATER LEVEL:				Source for Latitude/Longitude:				
,		above land surface	above land surface, measured on (mo-day-yr)			(
NW	NE	Pump test data: Wall w	vater was fl.			(WAAS enabled? ☐ Yes ☐ No)				
w Fump test data: we afterh			re numning anm			☑ Land Survey ☐ Topographic Map				
"	E	after hours pumping gpm Well water was ft.				Online Mapper:				
SW	SE	after hours pumping gpm								
		Estimated Yield:gpm				6 Elevation: 1222ft. ☑ Ground Level ☐ TOC				
		Bore Hole Diameter:8 in. to35 ft. and				Source: Land Survey GPS Topographic Map				
1 n	o nile					Other KOLAR				
7 WELL WATER TO BE USED AS: 1. Domestic: 5. □ Public Water Supply: well ID										
1. Domestic:										
☐ Housel		g: how many wells?			11. Test Hole: well ID					
☐ Lawn & Garden 7. ☐ Aquifer R			echarge: well ID g: well ID MW 8S			☐ Cased ☐ Uncased ☐ Geotechnical				
Livesto		8. 🔀 Monitorin	g: well ID			12. Geothermal: how many bores?				
			al Remediation: well ID			a) Closed Loop Horizontal Vertical				
3. Feedlot Air Sparge			<u> </u>			b) Open Loop Surface Discharge Inj. of Water				
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 2 in to 35 ft Diameter in to ft Diameter in to ft										
Casing diameter										
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 ☐ Other (Specify)										
SCREEN-PERFORATED INTERVALS: From .25 ft. to .35 ft., From ft. to ft. to ft.										
CREEN-FERFORATED INTERVALS. From II, 10 II, From II, From II, From II, From II, From II, From III, From II										
GRAVEL PACK INTERVALS: From										
9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other										
Grout Intervals: From										
Nearest source of possible contamination: No potential source of contamination within 200 ft.										
☐ Septic		Lateral Line				ivestock Pens		icide Storage		
Sewer		Cess Pool	☐ Sewage L	agoon		uel Storage		loned Water		
☐ Watertight Sewer Lines ☐ Seepage Pit ☐ Feedyard ☐ Fertilizer Storage ☐ Oil Well/Gas Well										
☐ Other (Specify) Direction from well?										
							f	t.		
10 FROM	TO	LITHOLO	GIC LOG	FROI	M	TO L	ITHO. LOG (cont.) o	r PLUGGIN	G INTERVALS	
0	18	silty clay								
18	21.5	silt								
21.5	27	silty clay								
27	33	clayey silt								
33	35	silty sand								
				Notes		I.				
				Notes	•					
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was \(\sqrt{\operation} \) constructed, \(\sqrt{\operation} \) reconstructed, or \(\sqrt{\operation} \) plugged										
under my jurisdiction and was completed on (mo-day-year) 01/29/2020 and this record is true to the best of my knowledge and belief.										
Kansas Water Well Contractor's License No. 709 This Water Well Record was completed on (mo-day-year) 04/10/2020 under the business name of Plains Environmental Services										
under the b	ousiness nan	ne of Piains ⊨nyironm	jental Services			1 P 255	0 C	-11		
Send one copy to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well. WE Department of Health and Environment Pursus of Water Coology Section 1000 SW Jockson St. Suite 420. Topeka Kansas 66612-1367. Telephone 785-296-3565.										
KS Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-3565.										
[Visit us at]	Visit us at http://www.kdheks.gov/waterwell/index.html KSA 82a-1212									

