	WELL R		Form '	WWC-5	Divi	sion of Water				
	Record			ge in Well Use		urces App. No.		Well ID		
1 LOCATION OF WATER WELL: Fraction					Section Number Township Number Range Number					
	: Saline			1/4 SE 1/4 SW 1/4		tor Rural Address where well is located (if unknown, distance and				
	OWNER: La	ast Name: Wie	chman	First: Sam						
Business: direction from nearest town or intersection): If at owner's address, check here: Address: 2313 Kensington Rd.										
Address: 2515 Kensington Rd. Address:										
City: Salin	na		State: KS	ZIP: 67401						
3 LOCAT	E WELL	4 DEPTH	OF CON	PLETED WELL:	39 ft	39 ft. 5 Latitude: 38.79948 (decimal degrees)				
	Denth(s) Groundwater Encountered					18 ft. Longitude: -97.59908 (decimal degrees				
SECTIO		2)	ft.	3) ft., or 4) J	Dry Well		Horizontal Datum: WGS 84 NAD 83 NAD 27			
		WELL'S ST	VELL'S STATIC WATER LEVEL:				Source for Latitude/Longitude:			
		below l	and surface	, measured on (mo-day	-yr)8-5-2023		GPS (unit make/model:)			
NW	NE			, measured on (mo-day			(WAAS enabled? □		10)	
				vater was22s s pumping 12		☐ Land Survey ☐ Topographic Map ☐ Online Mapper: Google Maps				
W	E	aner		vater was		■ Onl	Online Mapper:			
CIV CE				s pumping						
	Estimated Yield:			gpm	Ci	6 Elevation: 1,240 ft. Ground Level TOC				
			gpm 9in. to40		Source:	Source: ☐ Land Survey ☐ GPS ☐ Topographic Map  Other www.kgs.ku.edu				
1 n				in. to	ft		Other www.kgs.	Nu.600		
7 WELL WATER TO BE USED AS:										
1. Domestic:							10.  Oil Field Water Supply: lease			
	☐ Household 6. ☐ Dewatering: how many wells? ☐ Lawn & Garden 7. ☐ Aquifer Recharge: well ID									
	Livestock    Aquiter Recharge: Well ID					12. Geothermal: how many bores?				
	.  Irrigation 9. Environmental Remediation: well ID						a) Closed Loop			
	3. ☐ Feedlot ☐ Air Sparge ☐ Soil Vapor Extraction						b) Open Loop ☐ Surface Discharge ☐ Inj. of Water			
4. 🔲 Industr	rial		] Recovery	☐ Injection		13. 🔲 Oth	er (specify):			
Was a chemical/bacteriological sample submitted to KDHE?   Yes No If yes, date sample was submitted:										
Water well disinfected? ☐ Yes ■ No										
9. TYPE OF CASING USED: Steel PVC Other CASING JOINTS: Glued Clamped Welded Threaded										
Casing diameter 5 in to 40 ft., Diameter in to ft., Diameter in to ft. Casing height above land surface 18 in Weight 18. Wall thickness or gauge No. Schedule 40.										
Casing height above land surface 18 in. Weight										
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 .39 ft. to .30 ft., From ft. to ft., From ft. to ft.										
GRAVEL PACK INTERVALS: From										
9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other Grout Intervals: From 18 ft. to 0 ft., From ft. to ft., From ft. to ft.										
Grout Intervals: From										
		e contaminati			_	r:		: 1. G.		
☐ Septic			Lateral Lin	es		Livestock Pen: Fuel Storage		icide Storage loned Water		
Sewer			Cess Pool Seepage Pi			Fertilizer Stora		ell/Gas Well		
Other (Specify)										
Direction from well? South Distance from well? 48 ft.										
10 FROM	TO			GIC LOG	FROM		LITHO. LOG (cont.) o		G INTERVALS	
0		opsoil								
3		Clay & Fine	Sand Mix	(						
8		ine Sand								
18	40 1	∕ledium Sar	id & Grav	rel					5.50	
					_					
					N7 .	-7/3/3/20				
					Notes:					
					-					
44 CONTRICTOR OF LANDOWNERS CERTIFICATION TILE.										
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) 7-28-2023 and this record is true to the best of my knowledge and belief.										
Kansas Wa	urisuiction at	ntractor's Lie	ense No	This W	ater Well Rec	ord was com	pleted on (mo-day-v	rear) 8-18-	2023	
under the b	usiness name	e of			Si	gnature	tan W			
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.										
				s 66612-1367. Mail one to			e for your records. Telep	hone 785-296	-5524.	
Visit us at http://www.kdheks.gov/waterwell/index.html KSA 82a-1212 Revised 7/10/2015										