		RECORD		WWC-5			ivision of Wa			Well ID		
Original Record Correction Change in Well Use  1 LOCATION OF WATER WELL: Fraction						Resources App. No. Section Number			Township Number   Range Number			
County: Saline NW¼ NE¼ NE¾												
2 WELL OWNER: Last Name: First: Street or Rural Address where well is located (if unknown, distance and												
Business: Schwan's - GSC direction from nearest town or intersection): If at owner's address, check he										check here: 🔲		
Address: 3019 Scanlan Avenue ~20' W and 60' S of Centennial & Schilling, Salina												
City: Salina State: KS ZIP: 67401												
A TOCHER WINDS												
WITH "		4 DEPTE	OF CON	IPLETED WE	LL: .	30	ft.   5 Lati	tude	38.78337	<u> </u>	(decimal degrees)	
	SECTION ROX: Depth(s) Groundwater Encountered: 1)							gitud	le: -97.6324	132	(decimal degrees)	
	2)							zonta	l Datum: WGS 84	□ NAD	83 🛘 NAD 27	
<sub> </sub>	1 1 2							Latitude/Longitude:				
'	X		below land surface, measured on (mo-day-yr)					GPS (	(unit make/model:		)	
above land surface, measured on (mo-day-								(				
,,,	w after hours pumping gpm							☐ Land Survey ☐ Topographic Map				
	'	Well water was fi						■ Online Mapper: Google Earth				
sw	SE	after hours pumping gpm							4004			
	Estimated Vield: mm						6 Elev	6 Elevation: 1361 ft. E Ground Level TOC				
	S	Bore Hole 1	Bore Hole Diameter:				Sour	Source: Land Survey GPS - Topographic Map				
1 1	mile			in. to ft.				■ Other Google Earth				
1 mile in. to												
1. Domestic: 5. ☐ Public Water Supply: well ID												
	☐ Household 6. ☐ Dewatering: how many wells?						11. Test Hole: well ID					
	Lawn & Garden 7. Aquifer Recharge: well ID											
☐ Livestock 8. ☐ Monitoring: well ID						······			nal: how many bores			
2. ☐ Irrigation  9. Environmental Remediation: well ID  3. ☐ Feedlot  ☐ Air Sparge ☐ Soil Vapor Extr								a) Closed Loop				
3. ☐ Feedlot ☐ Air Sparge ☐ Soil Vapor F   4. ☐ Industrial ☐ Recovery ☐ Injection						Extraction	13 🗖	b) Open Loop ☐ Surface Discharge ☐ Inj. of Water 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 I YPE OF CASING USED: ☐ Steel ■ PVC ☐ Other												
8 TYPE OF CASING USED: ☐ Steel ☐ PVC ☐ Other												
TYPE OF SCREEN OR PERFORATION MATERIAL:  In. Weight												
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 .15 ft. to .30 ft., From ft. to ft., From ft. to ft.												
GRAVEL PACK INTERVALS: From10 ft. to30 ft., From ft. to ft., From ft.												
9 GROUT MATERIAL: ☐ Neat cement ☐ Cement grout ■ Bentonite ☐ Other												
Grout Intervals: From 0 ft. to ft., From ft. to ft., From ft. to ft.												
Nearest sou	irce of possil	ole contaminati	on:									
Septic		□:	Lateral Line	es 💴 Pit.Pr	rivy					ide Storage		
Sewer			Cess Pool	☐ Sewa			Fuel Storag			ned Water	Well	
☐ Watertight Sewer Lines ☐ Seepage Pit ☐ Feedyard ☐ Fertilizer Storage ☐ Oil Well/Gas Well												
☐ Other (Specify)												
10 FROM	TO	т	ITHOLO	CIC LOC	om we	FROM	ТО			DITICODI	C DITEDITAT O	
	1.5	Topsoil	AT ITOTO	GIC LUG		INOM	10	111	HO. LOG (cont.) or	LLUGGIN	JINIEKVALS	
0 1.5	9	Clay, sl. silty	Brown	-		1	<del> </del>					
9	15			n w/white calc	nod		<del>                                     </del>	+-		····		
15	23	Clay, sl. silty			nou.	<del> </del>		╁				
23	30	Clay, Srown		O TOWN		<u> </u>	1	-				
23	30	Clay, Brown					<u> </u>	-				
	<del>                                     </del>					Made	<u> </u>	1		<del>.</del>	<del></del>	
Notes:												
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, reconstructed, or plugged												
under my i	nriediction	o UK LAND!	UVVINEK'i leted on (n	o CERTIFICA.	11UN 111/2	. inis wai	or well was	C( ie tm	nstructed, i recourse to the best of my	i knowled.	or 🗀 bruggen	
Kansas Wa	ater Well Co	ontractor's Lie	ense No	527 Th		ter Well R	cord was cord	om <b>a</b> le	eted on (mo/day-ye	ar) 11/12	/2021	
under the b	ousiness nar	ne of GeoCo	re. LLC	····· AAA			Signature		1. Mall		•••••	
under the business name of GeoCore. LLC.  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	0 SW Jackson	St., Suite 420, Top	peka, Kansas		one to \	Water Well O	wner and retain		or your records. Teleph	one 785-296-	5524.	
Visit us at htt	p·//www kdhe	ks gov/waterwell/	index html_			KSA 82a-1	212			Revised	7/10/2015	