"CORRECTED"

WATER WELL RECORD Form WWC-5  Division of Water 20190326									
☐ Original Record ☑ Correction ☐ Change in Well Use				20100020			Well ID Well		
		WATER WELL:	Fraction		ection Number				
Coun	ity: Pottaw	atomie	NE 1/4 NW 1/4 SW 1/4	4 SW 1/4 8 T 10 S R 8 ☑ E ☐ W					
2 WELL OWNER: Last Name:  First: Street or Rural Address where well is located (if unknown, distance and									
	ss: Bayer C			direction from nearest town or intersection): If at owner's address, check here:					
Address		p Creek Rd		V 05 28 80					
Address:					1131 Hayes Dr. Manhattan, KS 66502				
City: Manhattan State: KS ZIP: 66502									
	TE WELL "X" IN	4 DEPTH OF COM	MPLETED WELL:	44	ft 5 Latitu	do: 39 19236	68		
	SECTION BOX: Depth(s) Groundwater Encountered: 1)19								
SECTI	N	2) ft.	3) ft., or 4) [	7 Dry Well	Dry Well Datum:  Datum:  NAD 83 NAD 27 Source for Latitude/Longitu				
		WELL'S STATIC WA	TER LEVEL:	3 ft.					
		■ below land surface	, measured on (mo-day-	vr) 09/20/20	CDS (unit make/madel)				
NW -	NW NE above land surface, measured on (mo-day				🗀 जा	(WAAS enabled?	1 Vag.   \( \tau_{\text{No}} \)		
	Pump test data: Well water was					nd Survey Topogra	anhic Man		
W	L L				□ On	line Mapper:			
¥ SW -	SE	Well v	vater was f	t.					
		after hours	s pumping	gpm	6 Florest	1036			
	Estimated Yield:1000gpm			6 Elevation: 1036					
1	Bote Hore Blanteter								
7 WELL WATER TO BE USED AS:									
1 Demost									
CONTRACTOR CONTRACTOR CONTRACTOR	estic: 5. □ Public Water Supply: well ID					10. Oil Field Water Supply: lease			
The second second	Lawn & Garden 7. Aquifer Recharge: well ID								
	Livestock 8. Monitoring: well ID				12 Gootha	☐ Cased ☐ Uncased ☐ Geotechnical			
2. 🗌 Irriga	Irrigation 9. Environmental Remediation: well ID					12. Geothermal: how many bores?			
3. Feedl	. ☐ Feedlot ☐ Air Sparge ☐ Soil Vapor Extracti					a) Closed Loop ☐ Horizontal ☐ Vertical b) Open Loop ☐ Surface Discharge ☐ Inj. of Water			
4. Industrial Recovery Injection 13. Other (specify):							scharge Inj. of water		
W									
Was a chemical/bacteriological sample submitted to KDHE? ☐ Yes ✓ No If yes, date sample was submitted:									
8 TYPE OF CASING LISED: TI Steel TI DVG TI OIL									
8 TYPE OF CASING USED: ☐ Steel ☑ PVC ☐ Other									
tt., Diameter in to ft., Diameter in to ft.									
Casing height above land surface									
Catal Catal Catal									
☐ Brass ☐ Galvanized Steel ☐ PVC ☐ Other (Specify)									
SCREEN OR PERFORATION OPENINGS ARE:									
Louvered Shutter									
SCREEN-PERFORATED INTERVALS: From 24 ft to 44 ft From 24									
GRAVED FACE IN TERVALS. FIOM 20 II. 10 TT II From II to A From A to									
9 GROUT MATERIAL: Neat cement Compent grout Department Compent ground C									
9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other  Grout Intervals: From ft. to ft.  Nearest source of possible contemporation.									
Nearest sou	irce of possi	ole contamination: V No	potential source of cont	amination w	ithin 200 ft	II. to	п.		
Nearest source of possible contamination:   ✓ No potential source of contamination within 200 ft.  ☐ Septic Tank ☐ Lateral Lines ☐ Pit Privy ☐ Livestock Pens ☐ Insecticide Storage									
☐ Sewer		☐ Cess Pool	☐ Sewage Lag		Fuel Storage				
Watertight Sewer Lines Seepage Pit Feedward Feetbligger Storage Oil Wallow Water									
Other (Specify)									
Direction fro	Direction from well? Distance from well? ft								
TO TROM	10	LITHOLOG	IC LOG	FROM	TO L	ITHO. LOG (cont.) or l	PLUGGING INTERVALS		
0	1	Top Soil							
1	19	Clay							
19	26	Sand & Gravel Med/Co	parse						
26	30	Sand & Gravel Coarse	Rocks (1"-2.5")						
30	44	Sand & Gravel Med/Co	parse						
141									
				Notes:					
Trotes:									
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, or plugged under my jurisdiction and was completed on (mo day year) 09/20/2019									
under my jurisdiction and was completed on (mo-day-year) .09/20/2019 and this record is true to the best of my knowledge and belief.									
and the districts name of 7. systycki movest projing, 1116.									
Solid One CODY to WATER WELL UWNER and retain one for your records. Eas of \$5.00 for each asset as 1									
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 <a href="http://www.kdheks.gov/waterwell/index.html">http://www.kdheks.gov/waterwell/index.html</a>									
KSA 82a-1212									