County:	Douglas	_ Fraction: _	SW SW SE	NE ——	Sec	30	_ т		_S F	ı. <u>19</u>	_ <u>E</u>	
CORRECT	TION(S) to WATER WEI	LL COMPLE	TION RECORD	Forn	n WWC	C-5 (to	rectify	lacking	g or inc	orrect info	rmation)	
Owner: St	teve Kahle											
If location corrected, was listed as:					Location changed to:							
Section-Township-Range: 26-12-18E			30-12-19E									
Fraction (1/4 calls): SW SW NW			SW SW SE NE									
Other changes: Initial statements: Latitude 38.97969 Longitude -95.38953												
Changed to: Latitude 38.979502 Longitude -95.339333 Comments:												
Verification method: KGS mapper using water well owner address and latitude and Longitude												
LEOWEB to get correct quarters and TRS												
						Initials:	SH	[Date: _)7-18-20)19	
Submitted by: Kansas Geological Survey, Data Resources Library, 1930 Constant Ave., Lawrence, KS 66047-3724 Kansas Dept. of Health & Environment, Bureau of Water, 1000 SW Jackson, Suite 420, Topeka, KS 66612-1367												

(rev 01/26/2018)

WAT	ER WEI	L RECORD	Form WW(C -5	Division of Wat	ter Resources; App. No.					
1 LOCATION OF WATER WELL: County: DOUGLAS		Fraction SW 1/4		Section Number	Township Number T /Z S	R 18 EW					
Dis	tance and o	lirection from nearest town or cit	ty street address of	well if	Latitude:	38 , 97967 38 , 97967 35, 3 8953	grees, min. of 4 digits)				
		ELLOWNER: Steve Karess, Box# : 875 N. /	hle 1663 Ad		Elevation:	980 W65 84					
1	ty, State, Z		Data Collection Method:								
3 LO	CATE W		PLÉTED WELL	Z.o.							
1	CATION				•						
1	WITH AN "X" IN SECTION BOX: Depth(s) Groundwater Encountered (1)										
	N					hours pumping					
w X	Est. Yieldgpm: Well water wasft. afterhours pumpinggpm Well WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well 1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 2 Other (Specify below) 2 Irrigation 4 Industrial 7 Domestic (lawn & garden) 10 Monitoring well										
S	SW SE	i i									
Was a chemical/bacteriological sample submitted to Department? Yes No											
5 TYP	PE OF CAS	SING USED: 5 Wrought Is	ron 8 Con	crete tile	CASIN	G JOINTS: Glued	Clamped				
1	Steel	3 RMP (SR) 6 Asbestos-0 4 ABS 7 Fiberglass neter 9 in. to 0.0	Cement Othe	er (specify	below)	Welded.	*				
Blank o	asing dian	neter 3/4 in. to 20.0	ft Diameter	i	n. toft.	Diameter	n. toft.				
Casing	height abo	ve land surface	in., Weight 		lbs./ft. Wall thi	ckness or guage No	SDR1/				
TYPE	OF SCREE	EN OR PERFORATION MATE	RIAL:								
	Steel	3 Stainless Steel 5 Fiberg 4 Galvanized Steal 6 Concr	glass 7 PVC	9 A	Ashartas Camant	11 Other (Specify).					
	Brass	4 Gaivanized Steal 6 Concr RFORATION OPENINGS ARE:		K) 101	Asbestos-Cement	12 None used (open	noie)				
	Continuo			Torch cut	9 Drilled holes	11 None (open ho	ole)				
2	Louvered	shutter 4 Key punched 6 Wi	re wrapped 8	Saw Cut	10 Other (specif	(v)					
SCREE	N-PERFO	RATED INTERVALS: From	ft. to		ft., From		ft.				
						ft. to					
	GRAVEI	PACK INTERVALS: From									
		rom	п. ю		It., From	ft. to	п.				
6 GRC	UT MAT				4 Other						
	ntervals:	From 5 ft. to 2.			ft. to f	t., From	ft. toft.				
		t source of possible contamination		10 T :	1 12.7		(01)				
	Septic tank Sewer line		1 2	10 Livesto 11 Fuel sto		secticide Storage Sandoned water well	6 Other Opecify				
					_	il well/gas well	HNISA				
	n from we				y feet? Z .						
FROM	TO	LITHOLOGIC I	LOG	FROM		PLUGGING INTE	RVALS				
g	9	CLAY BROWN									
7	12	LIMPSTONE									
12	29	SHALL, GRAY									
29	30	LIMATION									
30	42	SHALL					·····				
69	12	LIMESTONE	<u>а</u>								
12	1/0	SHALE, ALT. COLOI	R		 						
				 	 						
7 CON	RACTO	R'S OR LANDOWNER'S CER	RTIFICATION: T	his 2 40 Hz	well was 1 Vconstr	ructed, (2) reconstructed	d or (3) plugged				
under m	v iurisdicti	R'S OR LANDOWNER'S CER on and was completed on (mo/da	av/vear) ///23/	200 and	this record is true	to the best of my knowl	edge and belief				
Kansas	Water Wel	Contractor's License No.	This Water	Well Rec	ord was completed	on (mo/day/year) . 3.	-/0-20/0				
under the business name of \$5500 by (signature) by (signature)											
INSTRUC	CTIONS: Us	e typewriter or ball point pen. 'PLEASI	E PRESS FIRMLY and I	PRINT clearl	y. Please fill in blanks	, underline or circle the corr	ect answers. Send top				
785-296-5		Department of Health and Environment, one to WATER WELL OWNER									
		waterwell/index.html.				taen <u>constructed</u>	visit us at				

KSA 82a-1212