County: <u>Morris</u> Fraction <u>SE NE SE SU</u>	Sec. <u>/4</u> T <u>/7</u> S R <u>6</u> EW
CORRECTION(S) TO WATER WELL COM (to rectify lacking or incorrect) Owner: Vanier/and	PLETION RECORD (WWC-5) et information)
Location was listed as:	Location changed to:
Section-Township-Range: None Given	14-175-6E
Section-Township-Range: None Given Fraction (1/4 1/4 1/4):	SE NE SE SW
Other changes: Initial statements:	
Changed to:	•
Comments:	
Verification method: <u>Latitude & longitude</u> ,	KG5' LEO" conversion tool,
Verification method: Latitude \$ longitude, and mapping tool on KGS u	initials: ARL date: 3/17/2016
Submitted by: Kansas Geological Survey, Data Resources Library, 1930 Cto: Kansas Dept of Health & Environment, Bureau of Water, 1000 SW Jac	onstant Ave., Lawrence, RS 000473720

WATER WELL REC	CORD	Form V	VWC-5	Di	vision of Wate	r Resources App. No	o. L		
1 LOCATION OF WATER WELL: County: Nori 5		Fraction 1/4 1/4 1/4 1/4			on Number	Township No. T S	Range Number R		
Street/Rural Address o	f Well Location; i			Globa	l Positioning	System (GPS) in	formation:		
from nearest town or in	ntersection: If at o	owner's address, che	ck here .	Latitu	ide: . N.38 °	234,077	(in decimal degrees)		
					itude: . W.90 ition:		(in decimal degrees)		
			<u> </u>			4, □ NAD 83, □	 NAD 27		
2 WATER WELL OW	1/-11	yerland		Collec	etion Method:				
				☐ GPS unit (Make/Model: Cracking May) Land Survey					
City, State, Zir Code	50	1393 Iva Ks. 6	7402	Est. A	ccuracy: \square	3 m, 3-5 m,	5-15 m,		
3 LOCATE WELL	·	•	4						
WITH AN "X" IN SECTION BOX:	Depth(s) Ground	COMPLETED WE	$\mathbf{LL} \dots \mathbf{X}$		ft.	A (3) #		
N N	Depth(s) Groundwater Encountered (1)								
	Pump test data: Well water wasft. after hours pumping								
NW NE	EST VIELD 3 cmm Well victor vice & often hours numbing								
W E	Bore Hole Diameter								
		TO BE USED AS:	Public was	ter suppl	ly ∐ Ge		njection well		
SW SE	Domestic Feedlot Oil field water supply Dewatering Other (Specify below) Irrigation Industrial Domestic-lawn & garden Monitoring well Asseture								
Was a chemical/bacteriological sample submitted to Department? Yes No									
S If yes, mo/day/yr sample was submitted									
1 mile		fected? X Yes							
5 TYPE OF CASING U	SED:	PVC 🗆	Other			••••			
CASING JOINTS:	Glued \square Clan	nped Welded	☐ Threade	1	6 D	. ,			
5 TYPE OF CASING USED: Steel PVC Other CASING JOINTS: Glued Clamped Welded Threaded Casing diameter in. to ft., Diameter in. to ft.									
Casing height above land surface									
Steel Stainless Steel VC Other (Specify)									
☐ Brass ☐ Gal	vanized Steel	None used (open	hole)						
SCREEN OR PERFORATION OPENINGS ARE:									
Continuous slot Mill slot Gauze wrapped Torch cut Drilled holes None (open hole) Louvered shutter Key punched Wire wrapped Saw cut SCREEN-PERFORATED INTERVALS: From ft. to 35. ft. ft. ft.									
SCREEN-PERFORATE	D INTERVALS:	From	. ft. to	5	ft., From	Q.D ft. 1	to 92 ft.		
		From	. ft. to		ft., From	ft. 1	to ft.		
GRAVEL PACE							to ft. to ft.		
6 GROUT MATERIAL	: Neat ceme	ent	ut Bento	nite [Other				
			om15	ft. to 0	Sur taceft.,	From	. ft. toft.		
What is the nearest source						that out	((0.1.1.)		
Septic tank Sewer lines	Lateral lin	es Pit privy Sewage lagoon	Livestock Fuel storage		☐ Insecticide ☐ Abandoned	11	er (specify below)		
☐ Watertight sewer li	ines 🔲 Seepage p	it , 🗌 Feedyard	Fertilizer s		Oil well/ga	s wellC.	eek		
Direction from well	Wec	, /				<u> 250:</u>			
FROM TO	LITHOLOG		FROM	TO	LITHO. LO	OG (cont.) <u>or</u> PLU	GGING INTERVALS		
0 20 50									
20 45 Bro	hew line a shu	grex line							
50 55 k	back shale	1.1							
45 50 6 50 55 k	shale	<u> aws</u>							
65 70	line grex h	rard							
70 94 V	arigated Sh	alc							
7 CONTRACTOR'S OR	LANDOWNER	'S CERTIFICATION	ON: This wat	er well u	vas 🔽 constru	ucted. \square reconstr	ucted, or nlugged		
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, \Box reconstructed, or \Box plugged under my jurisdiction and was completed on (mo/day/year)									
Kansas Water Well Contractor's License No 20.3 This Water Well Record was completed on (mo/day/year)									
under the business name of									
(white, blue, pink) to Kansas I	riter or ball point pen. Department of Health	and Environment, Burea	<i>L1</i> and <i>PRINT</i> clo u of Water. Geol	eariy. Plea	ase mii in blethks on, 1000 SW Jac	and cneck the correct	ranswers. Send three copies Topeka, Kansas 66612-1367.		
Telephone 785-296-5524. Sen	d one copy to WAT	ER WELL OWNER and	d retain one for	your recor	ds. Include fee	of \$5.00 for each c	onstructed well. Visit us at		
http://www.kdheks.gov/waterwe	ii/index.html.								
12011 024 1212									