County: Marion Fraction	NE NE NE	Sec/2T/8 _S R Z(E/W
CORRECTION(S) TO	WATER WELL COMI ctify lacking or incorrect	PLETION RECORD (WWC-5)
Owner: <u>Scott David</u>		Location changed to: 12-185-2E NE NE NE
Other changes: Initial statements:		
Changed to:		·
Comments:		
Verification method: well owner? County on line parcel Submitted by: Kansas Geological Survey, Data R to: Kansas Dept of Health & Environment, Burea	search, and sebs, te esources Library, 1930 on of Water, 1000 SW Ja	initials: DR date: 7/5/2013 Constant Ave., Lawrence, KS 66047-3726 ackson, Suite 420, Topeka, KS 66612-1367.

WATER WELL RE Original Record		F orm WW				n of Water es App. No.		Well ID		
	Original Record Correction Change in Well Use 1 LOCATION OF WATER WELL: Fraction					n Number	Township Numb	er Ran	ge Number	
						3	TIRS	R 1	DE W	
County:)) (2 WELL OWNER: Last	Name: 7	First:	Scott	Street or F	Rural.	Address who	ere well is located	(if unknown,	distance and	
Business:	i postu	VICE.	Care Contraction of the Contract	direction fro	m near	est town or inte	ersection): If at owner	r's address, o	heck here:	
Business: 2977 L Address: 2977 L			e e e							
City: Tampa	» St	ate: 15 @ ZIP:	67443							
3 LOCATE WELL	4 DEPTH C	OF COMPLE	red Well.	62	ft	5 Intituda	:		(decimal degrees)	
AATTI XX 111	Denth(s) Grou	indwater Encour	itered: 1)	.Q ft.	. 16.		le:			
SECTION BOX:	2) ft. 3) ft., or 4) \[\subseteq \subseteq									
	WELL'S STATIC WATER LEVEL: A.C					Source for Latitude/Longitude:				
	below land surface, measured on (mo-day-yr)				···/	GPS (unit make/model:)				
NW NE	above land surface, measured on (mo-day-yr)									
	Pump test data: Well water was					☐ Land Survey ☐ Topographic Map ☐ Online Mapper:				
	Well water was ft.								- Committee & Comm	
SW SE	after hours pumping gpm					6 Elevation:ft. Ground Level TOC				
	Estimated Yie	ld://ar.Z.gpr	n 69	A and			Land Survey			
S 1 mile	Estimated Yield: 13. — gpm Bore Hole Diameter:					Other				
7 WELL WATER TO I	RE USED AS		. III. to	10.						
1. Domestic:		Public Water Sup	oply: well ID			10. 🗌 Oil Fi	eld Water Supply: 1	ease		
☐ Household	6. 🔲 I	Dewatering: how	v many wells?		•••		e: well ID			
☐ Lawn & Garden		Aquifer Recharge					☐ Uncased ☐			
Livestock		Monitoring: wel ironmental Rem					nal: how many bore			
2. ☐ Irrigation 3. ☐ Feedlot		Air Sparge	Soil Vapor		•••	a) Closed Loop ☐ Horizontal ☐ Vertical b) Open Loop ☐ Surface Discharge ☐ Inj. of Water				
4. Industrial		Recovery	☐ Injection		m.		(specify):			
Was a chemical/bacterio	ological sami	ole submitted	to KDHE?	Yes Z-N	to If	yes, date sa	mple was submitte	ed:		
Water well disinfected?	Yes $\square N$	0								
8 TYPE OF CASING U	SED: Ste	el PVC 🗆 (Other	CA	SING	JOINTS: 🛭	Glued □ Clampe	d 🗌 Welde	d Threaded	
Casing diameter										
Casing height above land su	rface	in. V	Veight S. <i></i>	lbs./1	ft.	Wall thicknes	ss or gauge No. 4.4	.l		
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 W	Vrapped 🔲 T	orch-Cut] Drill	led Holes 🗀	Other (Specify)			
Louvered Shutter [☐ Key Punche	d Wire Wi	rapped [2] S	Saw Cut [_ Non	e (Open Hole) 0. E	Ω. 4-	Ω	
☐ Louvered Shutter [SCREEN-PERFORATEI GRAVEL PACI	J INTERVA	LS: From	2 If. to	f.s. It., From	m	It. to	It., From	π. το	II.	
9 GROUT MATERIAL	· DNeet ee	LS: From	nt amount The	My II., FIOI	III	IL 10		., II. II.		
Grout Intervals: From	∴ Near ce	ment Ceme	eni groui 🔑 E	ft to		ft From	ft to	ft.		
Nearest source of possible			10111			10, 1 10111 1111				
☐ Septic Tank	□ La	nteral Lines	☐ Pit Privy			vestock Pens		cide Storage		
☐ Sewer Lines		ess Pool	☐ Sewage L			el Storage		loned Water		
☐ Watertight Sewer Line ☐ Other (Specify)	s Ll Se	eepage Pit	☐ Feedyard		∐ Fe	rtilizer Storag	ge 🔲 Ott W	ell/Gas Well		
Direction from well? I.	2 Paret	A. 1. No. 20	Distance from	well? M.	0.11.0	= Wit	hin 5 mi f	t.		
10 FROM TO		THOLOGIC L		FROM	1	TO LI	THO. LOG (cont.) o	r PLUGGIN	G INTERVALS	
0 8 4	cllow	Clays	mixed	Shalo	62					
0 10	12/11/2	81010						-411		
10 10 1	DIVE .	70000	10/10 5	one	11/2	rter				
for some	- 00000	186	wy d c 2 ~ s	6 1 6	- W (S G)	Carl Sur Care,	:			
20 62 1	3/400 +	Gnal	Shoule	0						
				Notes:						
11 COMPRECED C	ODIANDO	WAIRING CE	DOTTO A MIXA	NI. TI.	rota:	vol1 vvo. 175	Constructed Tre-	onetwicted.	or I plugged	
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)										
Kansas Water Well Contractor's License No This Water Well Record was completed on (mo-day-year)										
under the business name of JSACKANS of AAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA										
INSTRUCTIONS: Send one copy to WATER WELL OWNER and retain one copy for your records. Submit fee of \$5.00 for each constructed well along with one (white) copy to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone (785) 296-3565.										

KSA 82a-1212

Revised 9/10/2012

Visit us at http://www.kdheks.gov/waterwell/index.html