County: Lyon Fraction NE SE NES	ESec. <u>15</u> T <u>19</u> S R // EAW
CORRECTION(S) TO WATER WELL COMP	PLETION RECORD (WWC-5)
Owner: <u>Dao Nguyen</u>	
Location was listed as:	Location changed to:
Section-Township-Range: None given	15-195-1/E NE SE NE SE
Fraction (¼ ¼ ¼):	NE SE NE SE
Other changes: Initial statements:	
Changed to:	
Comments: <u>Datum assumed</u> to be	WG5 84.
Verification method: Latitude & longitude, K	GS' 'LEO' conversion tool,
Verification method: Latitude & longitude, K wellsite address, city street map, a website.	and mapping tool on KGS
website.	initials: PR date: 11/23/2016
Submitted by: Kansas Geological Survey, Data Resources Library, 1930 Co	onstant Ave., Lawrence, KS 660473726
to: Kansas Dept of Health & Environment, Bureau of Water, 1000 SW Jack	son, Suite 420, Topeka, KS 66612-1367.

WATER WELL R		ı WWC-5		sion of Water			
Original Record		nge in Well Use		rces App. No.	T	Well ID	
LOCATION OF WA	ATER WELL:	Fraction		ion Number	Township Numb		
County: L'YOR		1/4 1/4	1/4 1/4		T S	R DE DW	
2 WELL OWNER: La	st Name:	First:	Street or Rura	al Address wh	ere well is located	(if unknown, distance and	
Business direction from nearest town or intersection): If at owner's address, check here:							
Address: Dao Nguyen							
City:	State:	43 ZIP: 66801					
3 LOCATE WELL		A DEPT DEPT NEED	50 .		M24")3	719	
WITH "X" IN						1 1 2 d	
SECTION BOX:	Depth(s) Circundwat	er Encountered: 1)	المدائد الدائد. ا Dry Well	Longitu	ge: .W1121.A	(4 NAD 83 NAD 27	
N	2)			Horizontal Datum: WGS 84 NAD 83 NAD 27			
	below land surface, measured on (mo-day-yr)6:115			Source for Latitude/Longitude: GRES (unit make/model: GRES)			
NIV NE	above land surface, measured on (mo-day-yr)		(WAAS enabled? ☐ Yes ☐ No)				
NW NE		Il water was		☐ Land Survey ☐ Topographic Map			
w	after ho	urs pumping	gpm				
1" " 1 "		ll water was					
SW SE		urs pumping	gpm	6 Elevatio	n. 1161 a	t. 🗷 Ground Level 🔲 TOC	
	Estimated Yield:	gpm 	O ft and	Source: [Land Survey	GPS Topographic Map	
S	Bore Hole Diameter	: in. to	n. and				
7 WELL WATER TO	RE LICED AC-	an w					
1. Domestic:		Water Supply: well ID.		10. □ Oil F	ield Water Supply: 1	lease	
☐ Household	6. Dewate	ering: how many wells?			le: well ID		
Lawn & Garden	7. 🗖 Aquife	r Recharge: well ID		_	đ 🔲 Uncased 🔲		
Livestock	8. 🔲 Monito	ring: well ID			mal: how many bore		
2. Irrigation		ental Remediation: well			ed Loop Horizon		
3. ☐ Feedlot	☐ Air Spa		r Extraction			oischarge	
4. 🔲 Industrial	Recove				• •		
Was a chemical/bacter	iological sample su	bmitted to KDHE? []Yes <mark>y</mark> ∏No	If yes, date sa	ample was submitte	ed:	
Water well disinfected?	Yes No						
8 TYPE OF CASING	USED: ☐ Steel 💢	PVC 🗌 Other	CASIN	IG JOINTS:	Glued 🗌 Clampe	ed Welded Threaded	
Casing diameter	in. to5.0	ft., Diameter	in. to	ft., Diamet	er in. to .	A.	
Casing height above land s	surface	in. Weight	•.C lbs./it.	Wall thickne	ss or gauge No	• • • • • • • • • • • • • • • • • • • •	
TYPE OF SCREEN OR			,	□ O4b	(C= : C-)		
1 = =		berglass PVC oncrete tile None	e used (open hole		(Specify)		
☐ Brass ☐ Galv SCREEN OR PERFOR			c useu (open noie	,			
Continuous Slot	Mill Slot	Gauze Wrapped	Torch Cut. D	rilled Holes - [Other (Specify)		
Louvered Shutter			Saw Cut N				
SCREEN-PERFORATED INTERVALS: From3.2 ft. to5.0 ft., From ft. to ft. to ft.							
GRAVEL PACK INTERVALS: From							
9 CROUT MATERIAL: Nived coment Coment grout Benjonite Other							
9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other Grout Intervals: From							
Nearest source of possible contamination:							
☐ Septic Tank	☐ Lateral I			Livestock Pens		icide Storage	
☐ Sewer Lines ☐ Cess Pool ☐ Sewage Lagoon ☐ Fuel Storage ☐ Abandoned Water Well							
☐ Watertight Sewer Lines ☐ Seepage Pit ☐ Geedyard ☐ Fertilizer Storage ☐ Oil Well/Gas Well							
Other (Specify)	Ganda Ci	Distance from	1Chm/413	5 02	• f)	
Direction from well?		OGIC LOG	FROM	TO L		or PLUGGING INTERVALS	
10 FROM TO			1 KOM	- 19 L	o. Eoo (wiii.) (" - EOGGING INTERVAL)	
	100 30.	1					
10 35	3.45.C	14 X					
	- 4/1	rave I	- - 				
35 40	shull	anc l					
40 50	3141						
			Notes:	<u>i</u>			
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was a constructed, [reconstructed, or [] plugged							
under my jurisdiction and was completed on (mo-day-year)							
Kansas Water Well Cor	tractor's License No	This /	Water Well Rec	ord was comp	leted on (mo-day-	year) 6:17.16	
under the business name	of ZY.KNAKL	William P. Wieter	anene Denomina	ef Health - 44	4 777 I WA	Votes CWTC Co-ti	
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 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Mail one to Water Well Owner and retain one for your records. Telephone 785-296-5524.							
Visit us at http://www.kdheks	•		KSA 82a-12		to your recents. Telep	Revised 7/10/2015	
THE GO OF THE PARTY OF THE RESIDENT		······································					