County: Marion Fraction NENW SE	Sec T/9 _S R Z EW								
CORRECTION(S) TO WATER WELL COMPLETION RECORD (WWC-5) (to rectify lacking or incorrect information) Owner:									
Location was listed as:	Location changed to:								
Section-Township-Range: 2 / Fraction (1/4 1/4 1/4): NW NE SE	21-195-25								
Fraction (1/4 1/4 1/4):	NE NW SE								
Other changes: Initial statements:									
Changed to:									
Comments:									
Verification method: Wellsite address, area tool & aerial photos on KGS	road map, and mapping								
Submitted by: Kansas Geological Survey, Data Resources Library, 1930 Coto: Kansas Dept of Health & Environment, Bureau of Water, 1000 SW Jack	initials: ARA date: _///8/2013 instant Ave., Lawrence, KS 66047-3726								

WATER WELL R		Form WW			vision of Wate		19	 Well ID	2	
Original Record 1 LOCATION OF W	Correction	Change in V	ction	Resources App. No. Section Number			Township Numb		nge Number	
County: VII a	Vipn.	M	VANESELA						ZE W	
2 WELL OWNER: L	ast Name: 🔪	/01/1/ Fir		Street or Ru	ral Address	where				
Business: 2147	WELL OWNER: Last Name: Wall First: Bob Street or Rural Address where well is located (if unknown, distance and direction from nearest town or intersection): If at owner's address, check here: Address:									
A diduction								~		
City: HillSboro State: 15 ZIP: 67063										
3 LOCATE WELL	4 DEDTI	LOE COMPLI	ETED WELL:	50	F T = 4.14				Z1:1 11	
WITH "X" IN	Depth(s) Gr	roundwater Enco	untered: 1)	2 ft						
SECTION BOX:	2)	ft. 3)	ft., or 4)	Dry Well		Longitude:				
	WELL'S S	WELL'S STATIC WATER LEVEL: ft.			Source	Source for Latitude/Longitude:				
	☐ below l	and surface, mea	sured on (mo-day-y	/r)			nit make/model:			
NW NE	Pump test d	and surface, mea	sured on (mo-day-y was ft	(I) (1) :: OC : 7.:	*/ 	(WAAS enabled? ☐ Yes ☐ No) ☐ Land Survey ☐ Topographic Map ☐ Online Mapper:				
W E			nping							
' '		Well water	was ft	•		, , , , , , , , , , , , , , , , , , ,	таррет,			
SW SE			nping	gpm	6 Flave	ation.	ft	□ Group	d Level D TOC	
S	Bore Hole I	ield: 15-16	pm 5 in. to .5.7	ft and		6 Elevation:				
mile	Bote Hote I	Diameter	in. to	ft.		_	Other			
7 WELL WATER TO	BE USED	AS:								
1. Domestic:			upply: well ID				d Water Supply: 1			
Household			ow many wells?				well ID			
☐ Lawn & Garden☐ Livestock			ge: well ID ell ID				☐ Uncased ☐ □ l. how many bores			
2. Irrigation			mediation: well ID				Loop Horizon			
3. ☐ Feedlot		Air Sparge	☐ Soil Vapor E	xtraction	b) O	pen Lo	oop 🔲 Surface Di	ischarge [Inj. of Water	
4. 🗌 Industrial		Recovery	☐ Injection				specify):			
Was a chemical/bacter		• • •					ple was submitte			
Water well disinfected? 8 TYPE OF CASING	HSED.	No Steel FACTOR F	l Othor	CASI	NG IOINTS	2. 177	Clued D Clemna	d □ Wold	ad D Threadad	
Casing diameter 5	in to	of Dia	meter	in to	ft Diar	neter	in to	u 🗀 weidi	i.	
Casing height above land	surface	2in.	Weight	lbs./ft.	Wall thic	kness (or gauge No		•	
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 Wrapped ☐ Torch Cut ☐ Drilled Holes ☐ Other (Specify)										
☐ Louvered Shutter	☐ Key Punc	hed Wire V	Vrapped 🗷 Sav	y Cut 🔲 1	None (Open I	Hole)				
SCREEN-PERFORATI				***						
			ft. to							
9 GROUT MATERIA Grout Intervals: From										
Nearest source of possible			1 10111		10., 1 10111		11. 10			
☐ Septic Tank		Lateral Lines	☐ Pit Privy		Livestock Po		74.	cide Storag	,	
Sewer Lines		Cess Pool	Sewage Lag		Fuel Storage			oned Water		
☐ Watertight Sewer Lin ☐ Other (Specify)		Seepage Pit	☐ Feedyard		Fertilizer St	orage	□ On we	ell/Gas Wel	.1	
Direction from well?	$S \setminus A$		Distance from we	11?			ft	•.		
10 FROM TO		LITHOLOGIC		FROM	TO	LITE	HO. LOG (cont.) o	r PLUGGII	NG INTERVALS	
0 18	Y C1101	VL Be	d Clay	1-			• •			
18 42	13/11/2	Shall	<i>'</i>						W	
10 72	10 h				i					
42 43	Crum	biels	hala L	Wa	ter			· · · · · · · · · · · · · · · · · · ·		
-										
43 50	Gray	13ha1	10	Notes:						
				_						
11 CONTRACTORS	ORIAND	OWNER'S CI	PRIFICATION	· This wot	er well was	Aut Or	nstructed II rec	onstructed	or Inlugged	
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 Con	ntractor's Lig	ense Ng	This Wa	ter Well Re	cord was co	mplet	ted on (mo-day-y	ear) . 6.	-//-/3	
under the business name of										
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