MW-1

## CORRECTION(S) TO WATER WELL RECORD (Form WWC-5) (to rectify lacking or incorrect information)

LOCATION OF WATER WELL			Section	Township		Range		
County: CRAWFORD		% <u>NW % NW %</u>	29	T 30	_s	R _	<u>25</u>	□W
Owner: Westar Energy								
Location was listed as:		1	Location changed	i to:				
Sec. 39 TS	<b>R</b> □E	: □w	Sec. 29	т	_s	R	E	$\square W$
Fraction:			Fraction: _			_		
Other changes: Initial statements:								
Changed to:								
Comments:								
Verification method: Latitude and	Longitude cod	ordinates given on W	WC5 place well in	Section 2	9.			
Only in Jly V	la si al Suma	Data Basa urasa Libera		ials: DF				
Submitted by: Kansas Geo to: Kansas Dept of Health								

					MW-1				
WATI	ER WE	LL RECORD	Form W	WC-5		er Resources App. N			
		OF WATER WELL:	Fraction			Township No.			
	inty: Cra		1	V 1/4 NW 1/4		T 30 S			
Street/Rural Address of Well Location; if unknown, distance & direction					Global Positioning System (GPS) information:				
from nearest town or intersection: If at owner's address, check here			Latitude: 37,4090 (in decimal degrees) Longitude: 94,7036 (in decimal degrees)						
SW corner of E. 2nd St. & N. Locust Street; Pittsburg, KS			Elevation: (In decimal degrees)						
O WATER WELL OWNERS					Datum: ☑ WGS 84, ☐ NAD 83, ☐ NAD 27				
2 WATER WELL OWNER: Westar Energy RR#, Street Address, Box #: 818 South Kansas Ave				Collection Method:	Collection Method: GPS unit (Make/Model: Garmin etrex				
RR#, Street Address, Box #: 818 South Kansas Ave. City, State, ZIP Code : Topeka, KS 66612					☐ Digital Map/Photo, ☐ Topographic Map, ☐ Land Survey				
	,, o,	. горека.	, KS 66612		Est. Accuracy:	<3 m, <b>Z</b> 3-5 m,	5-15 m,  >15 m		
	CATE W		COMPLEMENT WITH	<b>v</b> 1/1					
	TH AN "X CTION B		COMPLETED WEL				(3) ft		
) OLC	Depth(s) Groundwater Encountered (1)								
· X		Pump	test data: Well water	r was.∴	ft. after <del>.</del>	hours pum	pinggpm		
	rw   1	NE EST. YIELD	gpm. Well wate	r was.∴	ft. after	hours pum	pinggpm		
w	1		eter 8 in. to						
		·     □   □   □   □   □   □   □   □   □	TO BE USED AS: Feedlot						
S	W   :	SE Inrigation							
<u> </u>			bacteriological sample						
	S	. 1	day/yr sample was sub						
	1 mile	Water well disin	fected? Yes 🔽	No					
		ASING USED:   Steel							
CASIN	ig Join	TS: Glued Clar	ped Welded	▼ Threaded	i 				
Casi	ng diame	ter .2 in. to .4 above land surface. Flush	ft., Diameter	in.	to .T It., L	nameter	. in. to		
TYPE	OF SCR	EEN OR PERFORATION	MATERIAL:	*****************	IUS./IL., Wall till	ckliess of gauge 14	0		
	Steel	☐ Stainless Steel	<b>₽</b> PVC		Other (Specify)		•••••		
	J Brass	☐ Galvanized Steel PERFORATION OPENING		ole)					
				Torch cut	☐ Drilled holes	☐ None (open hole	e)		
Louvered shutter Key punched Wire wrapped Saw cut Other (specify)									
SCREEN-PERFORATED INTERVALS: From									
	GP AV	EL PACK INTERVALS:					to ft.		
	OKA V						to <del>.</del> ft.		
6 GRC	UT MA	TERIAL: Neat ceme							
Grout In	ntervals:	From .2 ft. to	1		ft. to ft.,	From	. ft. toft.		
		est source of possible contain		<b></b>					
	] Septic ta ] Sewer li			Livestock p	oens	storage	er (specify below)		
	Watertig	ht sewer lines 🔲 Seepage pi	t 🗌 Feedyard	Fertilizer st			•••••		
		m well			from well				
FROM	TO	LITHOLOGI	C LOG	FROM	TO LITHO. LO	OG (cont.) <u>or</u> PLU	GGING INTERVALS		
<u>0</u> 2	9	Silt							
9	14	Clay Weathered Shale							
<u> </u>		Weathered Shale							
						······································			
	ļ								
7 CON	FRACT	OR'S OR LANDOWNER'	S CERTIFICATION	V: This wate	r well was 🖊 constr	icted Treconstru	cted or nlugged		
under m	y jurisdi	ction and was completed on	(mo/day/year) .3/5/2	014 an	d this record is true t	o the best of my ki	nowledge and belief.		
Kansas Water Well Contractor's License No. 7.10 This Water Well Record was completed on (mo/day/year) 3/18/2014									
under th	under the business name of Below Ground Surface, Inc. by (signature).  INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks and check the correct answers. Send three copies								
(white, bl	LTIONS: ue, pink) to	Use ty pewriter or ball point pen. o Kansas Depar tment of Health a	PLEASE PRESS FIRMLY nd E nyironment, Bureau o	and <i>PRINT</i> clea f W ater, Geolog	arty. Ptease fill in blanks gy Section. 1000 SW Jac	and check the correct kson St Suite 420 T	answers. Send three copies opeka, Kansas 666 12-1367		
Telephone	785-296-	5524. Send one copy to WATE	R WELL OWNER and ro	tain one for yo	our records. I nelude fee	of \$5.00 for each con	structed well. Vi sit us at		
http://www	w.kdheks.g	ov/waterwell/index.html.							