CORRECTION(S) TO WATER WELL RECORD (Form WWC-5)

1.W-2

(to rectify lacking or incorrect information) **LOCATION OF WATER WELL:** Fraction Township Range Section ¼ <u>NW ¼ NW ¼</u> T 30 S R <u>25</u> ■E □W County: CRAWFORD Owner: Westar Energy Location changed to: Location was listed as: Sec. 39 T S R DE UW Fraction: _____ ___ Other changes: Initial statements: Changed to: Comments: Verification method: Latitude and Longitude coordinates given on WWC5 place well in Section 29. date: 04/14/2014 initials: DF Submitted by: Kansas Geological Survey, Data Resources Library, 1930 Constant Ave., Lawrence, KS 66047-3726

to: Kansas Dept of Health & Environment, Bureau of Water, 1000 SW Jackson, Suite 420, Topeka, KS 66612-1367.

				Mw-2					
WA	TER WE	LL RECORD	Form W	WC-5		•	r Resources App. N	lo	
		N OF WATER WELL:					Township No.		
	County: Cr			V ¼ NW ¼		39	T 30 S	R 25	
		Address of Well Location;		Glob	Global Positioning System (GPS) information:				
fi	from nearest town or intersection: If at owner's address, check here \square .					Latitude: 37.4084 (in decimal degrees)			
١ ١	West side of N. Locust Street about 150' south of E. 2nd St.;				Longitude: 94.7035 (in decimal degrees)				
	Pittsburg, I	KS			Elev	Elevation:			
2 '	WATER V	VELL OWNER: Westar	Energy		Collection Method:				
		***************************************	uth Kansas Ave.			GPS unit (Mak	e/Model: Garmin	etrex	
(City, State,	71D () . 1	. KS 66612			Digital Map/Ph	oto, 🔲 Topographi	ic Map, Land Survey	
L					Est. A	Accuracy: [] <	3 m, 🖊 3-5 m, 📙] 5-15 m, □ >15 m	
3 LOCATE WELL WITH AN "X" IN 4 DEPTH OF COMPLETED WELL .14									
I .	SECTION BOX: Depth(s) Groundwater Encountered (1)								
	N								
[·	VIII	Pump test data: Well water was							
4	-NW	EST. YIELD	gpm. Well water	r was	f	t. after .	hours pum	ping.:gpm	
W									
	WELL WATER TO BE USED AS: □ Public water supply □ Geothermal □ Injection well								
-	SWSE Domestic Feedlot Oil field water supply Dewatering Other (Specify below)								
l L	Irrigation								
	Was a chemical/bacteriological sample submitted to Department? Yes V No S If yes, mo/day/yr sample was submitted								
	1 mile		fected? Tyes 🔽			•••••			
5 T	VDE OF C								
5 TYPE OF CASING USED: Steel V PVC Other Other									
CASING JOINTS: Glued Clamped Welded Threaded Casing diameter .2									
Casing height above land surface. Flush in., Weight									
TYPE OF SCREEN OR PERFORATION MATERIAL:									
☐ Steel ☐ Stainless Steel ☐ PVC ☐ Other (Specify)									
Brass Galvanized Steel None used (open hole)									
SCREEN OR PERFORATION OPENINGS ARE: Continuous slot Mill slot Gauze wrapped Torch cut Drilled holes None (open hole)									
☐ Continuous slot ☑ Mill slot ☐ Gauze wrapped ☐ Torch cut ☐ Drilled holes ☐ None (open hole) ☐ Louvered shutter ☐ Key punched ☐ Wire wrapped ☐ Saw cut ☐ Other (specify)									
SCREEN-PERFORATED INTERVALS: From									
From									
i	GRAV	EL PACK INTERVALS:							
								to . ft.	
		TERIAL: Neat ceme							
	t Intervals:	* * * * * * * * * * * * * * * * * * * *		1 .7	tt. to .∴	ft.,	From	. ft. toft.	
What is the nearest source of possible contamination: Septic tank Lateral lines Pit privy Livestock pens Insecticide storage Other (specify below)									
	Sewer li		Sewage lagoon			Abandoned		or (specify botow)	
		tht sewer lines 🔲 Seepage p	it 🗌 Feedyard	Fertilizer st	огаде	Oil well/gas			
		m well				ell			
FRO		LITHOLOG	IC LOG	FROM	TO	LITHO. LO	G (cont.) or PLU	GGING INTERVALS	
0	2	Silt		ļ					
2	9	Clay							
9	14	Weathered Shale							
				 					
-									
				 					
	- - - - - - - - - - 			 					
-									
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was ✓ constructed, ☐ reconstructed, or ☐ plugged									
under my jurisdiction and was completed on (mo/day/year) .3/5/2014 and this record is true to the best of my knowledge and belief.									
Kansas Water Well Contractor's License No. 7.19 This Water Well Record was completed on (mo/day/year) 3/18/2014 under the business name of Below Ground Surface, Inc. by (signature)									
under	the busine	ss name of Below Groun	d Surface, Inc		. by (s	ignature) :	wy	•••••	
INSTE	RUCTIONS:	Use ty pewriter or ball point pen. o Kansas Depar tment of Health a	PLEASE PRESS FIRMLY	and <u>PRINT</u> clea	arly. Plea	ese fill in blanks a	nd check the correct	answers. Send three copies	
Teleph	one 785-296-	5524. Send one copy to WATE	R WELL OWNER and re	etain one for ve	ont record	ds. Include fee	of \$5.00 for each con	opena, mausas 000 12-130 /. astructed well. Vi sit us at	
http://v	vww.kdheks.g	ov/waterwell/index.html.				· _			