

County: Cherokee Fraction: NW, SW, NW, NW Sec. 3 T. 35 S R. 25 E

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

Owner: Dustin Conner

If location corrected, was listed as:

Section-Township-Range: _____

Fraction (1/4 calls): NW, SW, NW

Location changed to:

NW, SW, NW, NW

Other changes: Initial statements: Grout intervals not provided.

Changed to: Bentonite grout 30-40 ft and cement grout 0-30 ft.

Comments: Lat/long coordinates via online mapper provided (WGS84). Converted using LEOWEB produced four quarter fractions shown above. Confirmed with KS STR Finder by address & lat/long.

Verification method: Contacted water well contractor and obtained grout intervals.

Initials: PKC Date: 2/5/2019

Submitted by: Kansas Geological Survey, Data Resources Library, 1930 Constant Ave., Lawrence, KS 66047-3724

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

WATER WELL RECORD Form WWC-5

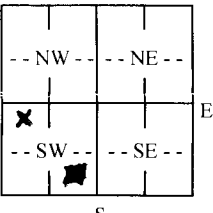
Division of Water Resources App. No.

Well ID

Original Record Correction Change in Well Use

1 LOCATION OF WATER WELL: County: <u>CHROKEE</u>	Fraction <u>NW 1/4 SW 1/4 NW 1/4</u> 1/4	Section Number <u>3</u>	Township Number <u>T35 S</u>	Range Number <u>R25 E</u> <input checked="" type="checkbox"/> E <input type="checkbox"/> W
--	---	----------------------------	---------------------------------	---

2 WELL OWNER: Last Name: _____ First: _____ Business: _____ Address: <u>DUSTIN CONNER</u> Address: <u>10149 SE 90TH ST</u> City: <u>BAXTER SPRINGS</u> State: <u>KS</u> ZIP: <u>66713</u>	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: <input type="checkbox"/>
--	---

3 LOCATE WELL WITH "X" IN SECTION BOX: N  W E S -----1 mile-----	4 DEPTH OF COMPLETED WELL: <u>300</u> ft. Depth(s) Groundwater Encountered: 1) <u>2.55</u> ft. 2) _____ ft. 3) _____ ft., or 4) <input type="checkbox"/> Dry Well WELL'S STATIC WATER LEVEL: _____ ft. <input type="checkbox"/> below land surface, measured on (mo-day-yr)..... <input type="checkbox"/> above land surface, measured on (mo-day-yr)..... Pump test data: Well water was <u>125</u> ft. after <u>3</u> hours pumping <u>7</u> gpm Well water was _____ ft. after _____ hours pumping _____ gpm Estimated Yield: <u>30</u> gpm Bore Hole Diameter: <u>6"</u> in. to <u>300</u> ft. and _____ in. to _____ ft.	5 Latitude: <u>N 37 1' 42.996</u> (decimal degrees) Longitude: <u>W 94 40' 0.6417</u> (decimal degrees) Datum: <input type="checkbox"/> WGS 84 <input type="checkbox"/> NAD 83 <input type="checkbox"/> NAD 27 Source for Latitude/Longitude: <input type="checkbox"/> GPS (unit make/model: _____) (WAAS enabled? <input type="checkbox"/> Yes <input type="checkbox"/> No) <input type="checkbox"/> Land Survey <input type="checkbox"/> Topographic Map <input checked="" type="checkbox"/> Online Mapper: _____
6 Elevation: _____ ft. <input type="checkbox"/> Ground Level <input type="checkbox"/> TOC Source: <input type="checkbox"/> Land Survey <input type="checkbox"/> GPS <input type="checkbox"/> Topographic Map <input type="checkbox"/> Other _____		

7 WELL WATER TO BE USED AS:

1. Domestic: <input checked="" type="checkbox"/> Household <input type="checkbox"/> Lawn & Garden <input type="checkbox"/> Livestock	5. <input type="checkbox"/> Public Water Supply: well ID _____ 6. <input type="checkbox"/> Dewatering: how many wells? _____ 7. <input type="checkbox"/> Aquifer Recharge: well ID _____ 8. <input type="checkbox"/> Monitoring: well ID _____	10. <input type="checkbox"/> Oil Field Water Supply: lease _____ 11. Test Hole: well ID _____ <input type="checkbox"/> Cased <input type="checkbox"/> Uncased <input type="checkbox"/> Geotechnical
2. <input type="checkbox"/> Irrigation	9. Environmental Remediation: well ID _____ <input type="checkbox"/> Air Sparge <input type="checkbox"/> Soil Vapor Extraction	12. Geothermal: how many bores? _____ a) Closed Loop <input type="checkbox"/> Horizontal <input type="checkbox"/> Vertical
3. <input type="checkbox"/> Feedlot	<input type="checkbox"/> Recovery <input type="checkbox"/> Injection	b) Open Loop <input type="checkbox"/> Surface Discharge <input type="checkbox"/> Inj. of Water
4. <input type="checkbox"/> Industrial		13. <input type="checkbox"/> Other (specify): _____

Was a chemical/bacteriological sample submitted to KDHE? Yes No If yes, date sample was submitted: _____
Water well disinfected? Yes No

8 TYPE OF CASING USED: Steel PVC Other _____ CASING JOINTS: Glued Clamped Welded Threaded
Casing diameter 6" in. to 40 ft., Diameter _____ in. to _____ ft., Diameter _____ in. to _____ ft.
Casing height above land surface 1.8 in. Weight 1.88 lbs./ft. Wall thickness or gauge No. 1.88
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 Punched Wire Wrapped Saw Cut None (Open Hole)
SCREEN-PERFORATED INTERVALS: From _____ ft. to _____ ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.
GRAVEL PACK INTERVALS: From _____ ft. to _____ ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.

9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other _____
Grout Intervals: From _____ ft. to _____ ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.
Nearest source of possible contamination:
 Septic Tank Lateral Lines Pit Privy Livestock Pens Insecticide Storage
 Sewer Lines Cess Pool Sewage Lagoon Fuel Storage Abandoned Water Well
 Watertight Sewer Lines Seepage Pit Feedyard Fertilizer Storage Oil Well/Gas Well
 Other (Specify) _____
Direction from well? N Distance from well? 125' ft.

10 FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS
0	8	CLAY			
8	300	ROCK			

Notes:

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) _____ and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 821 This Water Well Record was completed on (mo-day-year) 1.18.19 under the business name of G.A.R.Y. S.I.K. 816-517-4531