County: _	Was	hington	Fraction: _	SW SE SE N	NE	Sec	27	_ T	3	_ S	R	4	E	
CORREC	CTION(S) to	WATER WE	LL COMPLE	TION RECORD	Forn	ı WW(C-5 (to	rectify	lackin	g or in	correc	t infor	mation)	
Owner: _	William H.	Rice												
If location corrected, was listed as:						Location changed to:								
Section-Township-Range:														
Section-Township-Range:						SW SE SE NE								
				ongitude provi	ded									
Changed to: latitude: 39.762495 longitude: -96.958197														
Comments	:													
Verificatio	on method: _	Coordinate	es provided	by well owner	's soı	n (fror	n God	gle Ea	arth,	datur	n W(3S 8	4)	
working	with Pam	n Chaffee, K	DHE.											
										Date: _		1/201	17	
Submitted		sas Geological	Survey, Data R	esources Library, ment, Bureau of W	1930 C	Constant	Ave., L	awrence	e, KS (56612-	-1367	

(rev 3/23/2017)

	W	VATER WELL RE	CORD Forr	n WWC-5	KSA 82a	-1212 ID	No								
1 LOCATION OF V			Se	ection Numbe	r Tow	nship Num	ber	Range Number							
County: Washir				SE ½		27	T	3	s	R	4	(E)W			
Distance and direction	on from nearest to	own or city street	address of wel	I if located v	vithin city?										
1½ North,	1 East 8	& 🔒 North	of Gre	enleaf											
2 WATER WELL C	WNER: Will	iam H Ri	ce												
RR#, St. Address, B	ox# : 1353	3 Victory	Rđ				Boa	rd of Agric	ulture, Di	vision of	Water F	lesources			
City, State, ZIP Code		enleaf, K	S 66943					lication Nu							
3 LOCATE WELL'S AN "X" IN SECTIO		Depth(s) Grou	COMPLETED \ ndwater Encou IC WATER LE\	intered 1			. ft. 2		ft. 3 .			ft.			
NW	NE	Est. Yield3 WELL WATER	imp test data: .0 gpm: I TO BE USED c 3 Feedlo	Well water AS: 5 F		fr supply	t. after	ditioning	hours pu		 II	gpm			
W 1		2 Irrigation	ı 4 Industi	4 Industrial 7 Domestic (lawn & garden) 10 Monitoring well											
Was a chemical/bacteriological sample submitted to Department? Yes mitted Water									es No; If yes, mo/day/yrs sample was sub- er Well Disinfected? Yes * No						
5 TYPE OF BLAN	CASING USED):	5 Wrought in	ron	8 Conc	rete tile	CAS	ING JOINT	S: Glued	*	Clampe	t			
1 Steel	3 RMP (\$	SR)	6 Asbestos-			(specify belo				ed					
2 PVC Blank casing diamet	4 ABS		7 Fiberglass				•••••			.ded					
Casing height above	er	n. to		. ft., Dia 2 i		in. to		ft., Dia		in.	to				
TYPE OF SCREEN			in., weign	it			lbs./ft. Wal				.ບ.ນ				
1 Steel	3 Stainle		5 Fiberglass	:	<u>7 P'</u> 8 R	10 Asbes 11 Other									
2 Brass		nized Steel	6 Concrete		9 A			12 None				***************************************			
SCREEN OR PERF					ed wrapped		8 Saw o			11 None	(open I	nole)			
 Continuous sl Louvered shu 		Mill slot Key punched		6 Wire v 7 Torch				(specify) .				ft.			
SCREEN-PERFORA			22			6 F									
SONEEN-FERFORA	VIED IN LERVAL	S: From From	#.#	it. to ft to	1	π., Fro ft Fro	m m		π. το . ft to						
GRAVEL F	PACK INTERVAL	S: From	20	ft. to	42	ft., Fro	m	·····	ft. to .			ft.			
		From		ft. to		ft., Fro	m		ft. to .			ft.			
6 GROUT MATER	DIAL. 1 No.		0.0		0.0-		4.00								
	om4	eat cement	2 Cement		_3 Ber	ntonite	4 Other								
What is the nearest		le contamination:	Y II., FIC	, Fromft. to				om							
1 Septic tank	•		7				estock pens		14 Abandoned water well						
				Sewage la		12 Fer		15 Oil well/Gas well 16 Other (specify below)							
2 Sewer lines 5 Cess pool 3 Watertight sewer lines 6 Seepage pit				Feedyard	igoon										
Direction from well?		recayara			ecticide storaç any feet? 2	-									
FROM TO	East	LITHOLOGIC	CLOG		FROM	TO	any leet: Z		CINIC INT	ERVALS					
	Topsoi				1110111			1 200	anta nti	LITTORICO					
3 32				**-											
32 40		Yellow/ N	MedCou	rsel			· · ·								
40 42			104. 004	11007						•					

CONTRACTOR'S completed on (mo/da; Water Well Contractor)	OR LANDOWN //year)9/1	ER'S CERTIFICA 3/03 518	ATION: This wa	iter well wa	s (1) const	ructed, (2) re and this	constructed, record is true	or (3) plug to the best	ged under of my kno 9/30/	er my juri owledge a 03	sdiction nd belie	and was f. Kansas			
under the business n	ame of Blue	Valley D	rilling		- Cii 1 100010		(signature)								
INCTOLICTIONS, U	and the second s	0/ 5405 00500 1	COMMV 4 0000	alagale. Dia	COLOR Internation 1995	ه دادمام سم مسالسمام،	ha sawast on	o Conditor H	roo oonica	a Kanaga Da	nadmast	ot Hoolth			

INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks, underline or circle the correct answers. Send top three copies to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-5522. Send one to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well.