		<b>RECORD</b> Correction	Form V	<b>VWC-5</b> e in Well Use			on of Water ces App. No		] Well ID	MW6		
1 LOCA		WATER WEI		Fraction NE <sup>1</sup> / <sub>4</sub> SE <sup>1</sup> / <sub>4</sub> NW			on Number 30		ber Ran	ge Number B ■ E □ W		
2 WELL OWNER: Last Name: First: Street or Rural Address where well is located (if unknown, distance and												
	Business: USDA Address: 1400 INDEPENDENCE AVE. SW						direction from nearest town or intersection): If at owner's address, check here:					
Address: Address:	Address:							' WEST OF PRAIRIE RD & 870' SOUTH OF 120TH ST				
City:		IGTON DC	State:	ZIP: 20250								
3 LOCAT WITH '		4 DEPTE	I OF COM	PLETED WELL:								
SECTIO	ON BOX:	Depth(s) G	roundwater I	Encountered: 1)	$5/\dots$ ft.			tude: -95.43				
	$\begin{array}{c} \text{SECTION BOX.} \\ \text{N} \end{array} \qquad \qquad 2) \dots \dots \dots \text{ft.}  3) \dots \dots \dots \text{ft.}, \text{ or } 4) \square \text{ Dry Well} \\ \text{WELL'S STATIC WATER LEVEL:} \dots \dots \text{ft.} \end{array}$							Horizontal Datum: WGS 84 INAD 83 INAD 27 Source for Latitude/Longitude:				
	below land surface, measured on (mo-day-						GF	PS (unit make/model:	I-PHONE	)		
NW	NW NE Dabove land surface, measured on (mo-d Pump test data: Well water was					(WAAS enabled? ☐ Yes ☐ No) ☐ Land Survey ☐ Topographic Map			(o)			
w	E after hours pumping					pm Online Mapper:						
SW	SWSE Well water was after hours pumping							* *				
	Estimated Vield:					6 Elevation:						
	S Bore Hole Diameter:6 in. to4											
Imile1 mile         Other           7 WELL WATER TO BE USED AS:												
<ul> <li>7 WELL WATER TO BE USED AS:</li> <li>1. Domestic: 5. □ Public Water Supply: well ID</li></ul>												
	☐ Household 6.  ☐ Dewatering: how many wells?						. 11. Test Hole: well ID					
	Lawn & Garden       7.					•••••	Cased Uncased Geotechnical					
	. Irrigation 9. Environmental Remediation: well ID						<ul> <li>12. Geothermal: how many bores?</li> <li>a) Closed Loop □ Horizontal □ Vertical</li> </ul>					
	3. 🗌 Feedlot 🔅 Air Sparge 🔅 Soil Vapor						b) Open Loop 🗌 Surface Discharge 📄 Inj. of Water					
4. Industrial Recovery Injection I3. Other (specify):												
Was a chemical/bacteriological sample submitted to KDHE? $\Box$ Yes No If yes, date sample was submitted:												
8 TYPE OF CASING USED: Steel PVC Other CASING IOINTS: Glued Clamped Welded Threaded												
Casing diameter												
Casing height above land surface												
□ 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 .35 ft. to 40 ft., From ft. to ft. From ft. to ft.												
GRAVEL PACK INTERVALS: From												
9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other												
Nearest sou	irce of possi	ble contaminat	ion:				,om .					
□ 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? ft.												
10 FROM	TO		LITHOLOG		FRON			fi LITHO. LOG (cont.) o		GINTERVALS		
0	10	CLAY					10	ETTIO. LOG (Com.) O		OINTERVALS		
10	30	CLAY-SILTY										
30 36	36 37	CLAY-SILT						·····				
37	38		SANDSTONE FRAGMENTS CLAY-SILTY, VERY SANDY			_						
38	38.5	SANDSTONE FRAGMENTS					31.1.1.					
38.5	44		CLAY-SILTY, VERY SANDY			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) 4-11-2023 and this record is true to the best of my knowledge and belief.												
Kansas Water Well Contractor's License No. 527												
Mail	1 white copy	along with a fee of	\$5.00 for eac	h constructed well to: K	ansas Departi	ment of	Health and I	Environment, Bureau of W	/ater, GWTS S	Section,		
1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Mail one to Water Well Owner and retain one for your records. Telephone 785-296-5524.												
Visit us at http://www.kdheks.gov/waterwell/index.html KSA 82a-1212 Revised 7/10/2015												