County: Utawa Fraction: SESE, SW, SW Sec. 36 T. 11 S R. 3 MW						
CORRECTION(S) to WATER WELL COMPLETION RECORD Form WWC-5 (to rectify lacking or incorrect information)						
Owner: Mike Livengood						
If location corrected, was listed as: Location changed to:						
Section-Township-Range:						
Fraction (¼ calls):						
Other changes: Initial statements: growtinterval not provided.						
Changed to: 0 - 24 ft						
Comments:						
Verification method: Contacted Pestinger Pump and Theyprovided the missing information.						
Initials: PKC Date: 4/5/17						
Submitted by: Kansas Geological Survey, Data Resources Library, 1930 Constant Ave., Lawrence, KS 66047-3726 Kansas Dept. of Health & Environment, Bureau of Water, 1000 SW Jackson, Suite 420, Topeka, KS 66612-1367						

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WATER WELL R	ECORD Form WWC-5		Division of Water				
	Correction Change in Well Use	10.4	irces App. No.	Tourship Numb	Well ID		
1 LOCATION OF WATER WELL: Fraction Section Number Township Number Range Number County: OTTAWA SEXSUASWASWA 360 T 1/S R3 DEMW							
2 WELL OWNER: Last Name / VEWGOOD First: MIKIZ Street or Rural Address where well is located (if unknown, distance and							
Address POBOX 343							
Address: BENNINGFON State: KS ZIP 601414 1721 FRONTIED KD.							
3 LOCATE WELL A DEPTH OF COMPLETED WELL 5 3							
3 LOCATE WELL WITH "X" IN Depth(s) Groundwater Encountered: 1)							
SECTION BOX:	2) ft 3) ft or 4) \square Dry Well Horizontol Dotum, \square W/CS 84 \square NAD 82 \square NAD						
И	WELL'S STATIC WATER LEVEL:						
	below land surface, measured on (mo	(
NW NE	above land surface, measured on (mo Pump test data; Well water was	(WAAS enabled? Yes No)					
w		after			☐ Land Survey ☐ Topographic Map ☐ Online Mapper:		
	Well water was		Опше маррет.				
SW SE	after hours pumping	gpm	pm 6 Elevation:ft. Ground Level TOC				
S	Estimated Yield:gpm Bore Hole Diameter:	52 f and	Source: Land Survey GPS Topographic Map				
mile	in. to						
7 WELL WATER TO BE USED AS:							
1. Domestic:	Dublic Water Supply: well I		10. 🗌 Oil Fi	eld Water Supply: 16	ease		
Household	6. Dewatering: how many wells?						
Lawn & Garden	• • • • • • • • • • • • • • • • • • •	7. Aquifer Recharge: well ID					
Livestock 2. Irrigation	8. ☐ Monitoring: well ID						
3. ☐ Feedlot		,					
4. Industrial Recovery Injection 13. 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	CASIN	G JOINTS: 🍒	Glued 📋 Clamped	I 🔲 Welded 📋 Threaded		
Water well disinfected?							
TYPE OF SCREEN OR	R PERFORATION MATERIAL:		Wall tillekiles	S of gauge 110.0.2.			
☐ Steel ☐ Stainless Steel ☐ Fiberglass ☐ Fiberglass ☐ Other (Specify)							
☐ Brass ☐ Galvanized Steel ☐ Concrete tile ☐ None used (open hole)							
SCREEN OR PERFORATION OPENINGS ARE:							
☐ Continuous Slot ☐ Mill Slot r OND ☐ Gauze Wrapped ☐ Torch Cut ☐ Drilled Holes ☐ Other (Specify)							
SCREEN-PERFORATED INTERVALS: From							
GRAVEL PACK INTERVALS: From							
9 GROUT MATERIAL: Neat cement Cement grout Sentonite Other							
Grout Intervals: From							
Nearest source of possible contamination:							
Septic Fails Lateral Lities The First Lateral Lities The First Lateral Lities The First Lateral Lities The First Lateral Lities Lateral Lities The First Lateral Lities Lateral Lities							
□ Watertight Sewer Lines □ Seepage Pit □ Feedyard □ Fertilizer Storage □ Oil Well/Gas Well □ Other (Specify) ○ PEN FIELD NO PER PRICE ENT							
Direction from well? Distance from well? ft.							
10 FROM TO	LITHOLOGIC LOG	FROM			PLUGGING INTERVALS		
0 2	TOP SOIL BLOWD	FROM	10 11.	THO. LOG (COIN.) OF	FLUUDINU INTERVALS		
2 11	SAIDY LOOM BEOW	2					
11 31	CLAY LIGHT GRAY		-				
31 52	SAND FINE TO MED. TA	IN I					
52 53	SHALE GRAY HARD						
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)							
Kansas Water Well Cor	ntractor's License No. 3.8.6 Thi	s Water Well Reco	ord was compl	eted on (mo day-y	ear) . 23. 13.0 . 14.7.		
under the business name	e of P.E.S.T.I.N.C.E.LP.U.M.P.	Kansas Department	nature	ironment Bureau of W	ater GWTS Section		
Mail 1 white copy along with a fee of \$5.00 for each constructed well to: Kansas Department of Health and Environment, Bureau of Water, GWTS 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.							
I .	s.gov/waterwell/index.html	KSA 82a-121		,	Revised 7/10/2015		