corrected

WATER	WELL	RECORD Form WWC-5	Div	vision of Wat	ter		
Original Record Correction Change in Well Use			X Rese	X Resources App. No. Well ID			
1 LOCATION OF WATER WELL: Fraction County: LogAN Section Number Township Number Range Number T12 S R-3 4 E M							
County: LogAN NC/4 NC/4 19 T / 2 S R 3 C E M R 2 WELL OWNER: Last Name: Street or Rural Address where well is located (if unknown, distance and							
Business	O WINDA	Sammer Wight	direction from	n from nearest town or intersection): If at owner's address, check here:			
Address: Address:	Address: Black Rock Room			2 = 15 of MECalleater, KS			
City: RussEll State: Ks ZIP:							
3 LOCATE WELL							
× WITH "		Depth(s) Groundwater Encountered: 1)	۱۱ب		tude:(decimal degrees)		
	SECTION BOX: N 2)						
					ce for Latitude/Longitude:		
1 1		below land surface, measured on (mo-day-yr)		.	GPS (unit make/model:)		
NW	NE	Dunin test data: Well water was	above land surface, measured on (mo-day-yr)		(WAAS enabled? ☐ Yes ☐ No)		
W SW SE		after hours pumping gpm			☐ Land Survey ☐ Topographic Map ☐ Online Mapper:		
		Well water was	ft.		6 Elevation:ft. Ground Level TOC		
		after hours pumping	. gpm	6 Flow			
	S	Estimated Yield:gpm Bore Hole Diameter:9 in. to/_	ft and		ce: Land Survey GPS Topographic Map		
1	nile	in. to	ft.	-	Other		
7 WELL WATER TO BE USED AS:							
1. Domestic	•	5. Public Water Supply: well ID		10. 🍱 C	oil Field Water Supply: lease Summers		
☐ House		6. Dewatering: how many wells?.		 Test 	Hole: well ID		
Livest		7. ☐ Aquifer Recharge: well ID 8. ☐ Monitoring: well ID			cased Uncased Geotechnical thermal: how many bores?		
1	□ Irrigation 9. Environmental Remediation: well ID						
3. Feedlo					pen Loop ☐ Surface Discharge ☐ Inj. of Water		
4. ☐ Industrial ☐ Recovery ☐ Injection 13. ☐ Other (specify):							
Was a chemical/bacteriological sample submitted to KDHE? Yes Yes, date sample was submitted:							
Water well disinfected? May Yes No							
8 TYPE OF CASING USED: Steel PVC Other CASING JOINTS: Glued Clamped Welded Threaded Casing diameter ft., Diameter ft., Diameter ft., Diameter ft.							
Casing height above land surface							
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							
☐ Louvered Shutter ☐ Key Punched ☐ Wire Wrapped ☐ Saw Cut ☐ None (Open Hole)							
SCREEN-PERFORATED INTERVALS: From							
GRAVEL PACK INTERVALS: From							
9 GROUT	MATERI	AL: Neat cement Cement grout BB	entonite 🔲 (Other	Δ Δ		
			. п. to	п., From	ι π. to π.		
☐ 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) □ Watertight Sewer Lines □ Oil Well/Gas Well							
Direction from well? East Distance from well? 500 ft.							
10 FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS		
0	2	Clay					
2	14	Grand					
					Griginal Returned to Sender		
			Notes:	Notes: for Correction Date: 5/19/1			
for Correction Date:							
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was A constructed, reconstructed, or plugged under my jurisdiction and was completed on (mo-day-year)							
Kansas Water Well Contractor's License No. 376. This Water Well Record was completed on (mo-day-year)							
under the b	usiness nan	ne of B. +. B. Dailling 14.	Si	gnature	U vsigh Beckman		
Mail I 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.							
Visit us at http://www.kdheks.gov/waterwell/index.html KSA 82a-1212 KSA 82a-1212 Revised 7/10/2015							