		RECORD Correction		WWC-5 e in Well Use			sion of Water urces App. No			W-11 ID		MW29	
1 LOC	ATION OF	WATER WEI		Fraction			ion Number		hip Number	Well ID	ige N	lumber	
	inty: Russe		E 1/4 SW 1/4	v ¹ ⁄ ₄ 27 T 13 S R 14 □ E ■ W									
2 WEL	WELL OWNER: Last Name: First: Business: Cook Oil dba Tom Dunn Oil Co.						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:						
Addre	Address: 8 Crestview Drive Address:						19 N. Grant, Russell						
	City: Salina State: KS ZIP: 67401						Russell						
	2 LOCATE WELL												
	Donath (a) Construction Engage at a 1 1)												
2) ft. 3) ft., or 4)[e11	Horizont	al Datum:	-90.00407 WGS 84	U	(decin	ial degrees)	
	WELL'S STATIC WATER LEVEL:8 below land surface, measured on (mo-day-						Source for	or Latitude/	Longitude:				
NTW	NWNE above land surface, measured on (mo-day-						GPS (unit make/model:						
	Pump test data: Well water was f						☐ Land Survey ☐ Topographic Map						
W		E afterhours pumping					■ Online Mapper: Google Earth					•••••	
SW	SE	after hours pumping				om							
	Estimated Yield:gpm					6 Elevation:1044.02ft. Ground Level TO					TOC		
	S Bore Hole Diameter:8 in to22						and Source: ■ Land Survey ☐ GPS ☐ Topographic Map						
1 mile in. to ft.													
1. Domestic: 5. Public Water Supply: well ID													
	☐ Household 6. ☐ Dewatering: how many wells?												
	☐ Lawn & Garden ☐ Livestock 7. ☐ Aquifer Recharge: well ID						12. Geothern	Unca	sed Geo	technical			
	2. ☐ Irrigation 9. Environmental Remediation: well III						a) Close	d Loop	Horizontal	□ Vertic	 al		
_	3. ☐ Feedlot ☐ Air Sparge ☐ Soil Vapor E						raction b) Open Loop Surface Discharge Ini. of Water						
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 M Other													
Casing diameter													
Casing height above land surface													
TYPE OF SCREEN OR PERFORATION MATERIAL: ☐ Steel ☐ Stainless Steel ☐ Fiberglass ■ PVC ☐ Other (Specify)													
☐ Steel ☐ Stainless Steel ☐ Fiberglass ■ PVC ☐ Other (Specify)													
SCREEN OR PERFORATION OPENINGS ARE:													
	inuous Slot	Mill Slot	Gauz	ze Wrapped	Torch Cut	Drill	ed Holes 🔲	Other (Spe-	cify)				
SCREEN-	erea Snutter PERFORAT	☐ Key Punche	a [] Wire	7 ft. to .22.	Saw Cut L	」None	e (Open Hole)	A 1		A to		ا م	
G	RAVEL PA	CK INTERVAL	LS: From	6 ft. to 2	2 ft., Fro	n	ft. to	ft., I	rom	ft. to		It.	
9 GROUT	Γ MATERI	AL: Neat cer	ment C	ement grout	Rentonite B	Othe	- Concrete						
Grout Interv	als: From	ft. to le contamination	.] fl	From .1	ft. to!	5	ft., From	ft. t	0	. ft.			
Septic			ı: teral Lines	☐ Pit Privy		□ Liv	estock Pens		Insecticide :	Storage			
☐ Sewer	Lines	_	ss Pool	☐ Sewage L	agoon		1 Storage		Abandoned		:11		
☐ Watertight Sewer Lines ☐ Seepage Pit ☐ Feedyard ☐ Fertilizer Storage ☐ Oil Well/Gas Well													
■ Other (Specify) .Contaminated site													
10 FROM	TO		HOLOGIC		FROM				cont.) or PLU	IGGING I	NTE	RVALS	
0		No Recovery			18	19	Lime	estone, Ta	an				
0 5 7		Clay, silty, Gra			19	22	Clay	, w/occ. L	S fragmer	ts, Yello	w Bı	own	
9.5		Clay, silty, Gra		mottled	_	-							
11.5		Clay, Dark Gray	y, Dark Gray y, Lt. Gray, Dk Gray, yellow mottled			-		-					
12.5			y, Tan and Gray mottled			+-		72			_		
						Notes:							
15 16.5 Clay, silty, Yellow & Lt. Gray										1			
16.5	18 (Clay, silty, Yello	OW	DESCRIPTION A CONT.	N. 703.1		11	1					
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) .10/10/2019 and this record is true to the best of my knowledge and belief.													
Kansas Wat	er Well Con	tractor's Licens	e No94/.	This Wa	ater Well Re	ecord :	was complete	ed on (mo-	day-year)	10/30720	19	1	
Kansas Water Well Contractor's License No. 527. This Water Well Record was completed on (mo-day-year) .10/30/2019 under the business name of GeoCore. LLC Signature													
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 Revised 7/10/2015													