County: Saline Fraction: NW, SE, SW, NW Sec	c. <u>22</u> T. <u>13</u> S R. <u>2</u> W				
CORRECTION(S) to WATER WELL COMPLETION RECORD Form W	WC-5 (to rectify lacking or incorrect information)				
Owner:					
If location corrected, was listed as:	Location changed to:				
Section-Township-Range:					
Fraction (¼ calls):					
Other changes: Initial statements: Details of well reconstruction were not provided.					
Changed to: Well had been hit and damaged. Existing casing was cutoff above pitless adaptor and					
replaced with 5-in PVC to 16-in above land surface.					
Comments:					
Verification method: Information provided by water well contractor.					
	Initials: PKC Date: 12/16/2021				
Submitted by: Kansas Geological Survey, Data Resources Library, 1930 Constant Ave., Lawrence, KS 66047-3724 Kansas Dept. of Health & Environment, Bureau of Water, 1000 SW Jackson, Suite 420, Topeka, KS 66612-1367					

(rev 01/26/2018)

	Form WWC-5		sion of Water		
	Change in Well Use		irces App. No.		Well ID
1 LOCATION OF WATER WELI		Section Number Township Number Range Number			
	County: Saline NW¼ SE⅓ SW⅓ NW⅓ 22 T 13 S R 2 ☐ E ■ W WELL OWNER: Last Name: Morris First: Gary Street or Rural Address where well is located (if unknown, distance and				
2 WELL OWNER: Last Name: Morri Business:	s First: Gary			ersection): If at owner's	
Address: 4105 E. Campbell Rd		direction from ne	earest town or in	ersection). If at owner s	address, check here.
Address:					
City: New Cambria State: KS ZIP: 67401					
3 LOCATE WELL 4 DEPTH	OF COMPLETED WELL: .	ft.	5 Latitude	38.899662	(decimal degrees)
WITH "X" IN	undwater Encountered: 1)				
N 2)	ft. 3) ft., or 4)		Dry Well Horizontal Datum: WGS 84 NAD 83 NAD 27		
	WELL'S STATIC WATER LEVEL: ft. Source for Latitude/Longitude:				
	nd surface, measured on (mo-day- nd surface, measured on (mo-day-	Grant make modest			
	a: Well water was f		Птоп	(WAAS enabled? ☐ Y I Survey ☐ Topograph	
W E after	hours pumping	gpm			
	Well water was f	ì.			
. alter	hours pumping	gpm	6 Florestic	т· + Г	Ground Level 🔲 TOC
S Estimated Yie	eld:gpm	Δ1			S Topographic Map
	ameter: in. to				
7 WELL WATER TO BE USED A		10.		-	
	9. Public Water Supply: well ID		10. □ Oil F	ield Water Supply: lease	
■ Household 6. □	Dewatering: how many wells?			e: well ID	
☐ Lawn & Garden 7. ☐ .	Aquifer Recharge: well ID			d □ Uncased □ Geo	
	Monitoring: well ID			mal: how many bores?.	
1 _ •	vironmental Remediation: well II Air Sparge ☐ Soil Vapor I		a) Close	ed Loop 🏻 Horizontal Loop 🔲 Surface Disch	☐ Vertical
	Air Sparge ☐ Soil Vapor I Recovery ☐ Injection	Extraction	13 D Othe	(specify):	large Inj. of water
		** ===			
Was a chemical/bacteriological sam: Water well disinfected? ☐ Yes ☐ N		Yes ∐ No	ir yes, date s	ample was submitted:	
8 TYPE OF CASING USED: Ste		CASINI	C IONITE. I		TWALL Three dad
Casing diameter in. to	ft Diameter	in to	ft Diamet	_ Glued _ Clamped [] werded [] Illieaded
Casing height above land surface	in. Weight		Wall thickne	ss or gauge No	16.
TYPE OF SCREEN OR PERFORAT				3	
☐ Steel ☐ Stainless Steel	☐ Fiberglass ☐ PVC			(Specify)	
Brass Galvanized Steel	☐ Concrete tile ☐ None u	ised (open hole)			
SCREEN OR PERFORATION OPEN		10.55		704 (7 10)	
	☐ Gauze Wrapped ☐ To ed ☐ Wire Wrapped ☐ Sa	w Cut \ \ \ \ No	rilled Holes L	Other (Specify)	•••••
	I.S. From ft to	ft From	ff to	ft From	ft to ft
SCREEN-PERFORATED INTERVALS: From					
9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other.					
Grout Intervals: From ft. to .	ft., From	ft. to	ft., From	ft. to	ft.
Nearest source of possible contamination:					
	ateral Lines		Livestock Pens	_	
Watertight Sewer Lines	ess Pool		Fuel Storage Fertilizer Stora	☐ Abandone ge ☐ Oil Well/0	
Other (Specify)			Citilizer Stora	geOn wein	Jas Well
Direction from well?					
	THOLOGIC LOG	FROM		A***	LUGGING INTERVALS
	·			-	
		Notes	<u> </u>		
		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) 10/22/2021 and this record is true to the best of my knowledge and belief.					
Kansas Water Well Contractor's License No. 958 This Water Well Record was completed on (mo-day-year) 10/27/2021 under the business name of HydroTech Well & Pump a Division of Landscanga aconsultants LLC.					
under the business name of HWGO.	cn.vveil & Pump a Ulvision.	ot randscar	gatagesultan	IS.LLC. Juma. C	CWTS Section
Mail 1 white copy along with a fee of \$5.00 for each constructed well to: Kansas Department of Health and Environment, Burcau 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					