County: Ellis Fraction SWNW SENW	Sec//_ T/4_S R/8_E/M
Owner: CORRECTION(S) TO WATER WELL COMPLE  (to rectify lacking or incorrect info	TION RECORD (WWC-5)
Location was listed as	Location changed to:
Section-Township-Range: None Given	11-145-18W
Section-Township-Range: None Given  Fraction (1/4 1/4 1/4):	SW NW SE NW
Other changes: Initial statements:	
Changed to:	
Comments:	
Verification method: Wellsite address, area	road map, and
Verification method: Wellsite address, area mapping tool & acrial photos o	n KGS website.
Submitted by: Kansas Geological Survey, Data Resources Library, 1930 Constanto: Kansas Dept of Health & Environment, Bureau of Water, 1000 SW Jackson,	initials: A/RAdate: 7//20/3

WATER WELL RECORD	Form WWC	C-5 Div	vision of Wate	r Resources App. No			
1 LOCATION OF WATER WELL:	Fraction		on Number		Range Number		
County: EILIS	1/4 1/4 1/4		I Dacidi.	T S	R DE W		
Street/Rural Address of Well Location from nearest town or intersection: If a				g System (GPS) int	tormation: (in decimal degrees)		
2218 Southvier					(in decimal degrees)		
		Eleva	tion:		••••		
2 WATER WELL OWNER:				4, □ NAD 83, □	NAD 27		
RR# Street Address Box # \ \CV	n Grubbs.		Collection Method:  GPS unit (Make/Model:)				
City, State, ZIP Code : 1.XC	of Lyainut		☐ Digital Map/Photo, ☐ Topographic Map, ☐ Land Survey				
2 LOCATE WELL	15. KS LEILOI	Est. A	ccuracy:	3 m, ☐ 3-5 m, ☐	5-15 m, ∐ >15 m		
3 LOCATE WELL WITH AN "X" IN 4 DEPTH O	FCOMPLETED WELL	6.4	ft.				
SECTION BOX: Depth(s) Grou	<b>OX:</b> Depth(s) Groundwater Encountered (1)						
N WELL'S STA	TIC WATER LEVEL	ft. below l	land surface i	measured on mo/da	ıy/yr		
	np test data: Well water wa						
W - NW - NE - EST. YIELD. Bore Hole Dia	<b>20</b> gpm. Well water was	ISII.	atterin	nours pump	omg gpm ft		
W E Bore Hole Dia	ER TO BE USED AS: P	ublic water suppl	v □ Ge	othermal I	njection well		
Domestic Sw. J. SF.	☐ Feedlot ☐ Oil	field water supply	y 🗌 De	ewatering 🔲 C	Other (Specify below)		
I I I I I I I I I I I I I I I I I I I							
	al/bacteriological sample su to/day/yr sample was submit			Yes 🔀 No			
	sinfected? X Yes \(\bigcap\) No	tea					
5 TYPE OF CASING USED: St		ar		· Management			
CASING JOINTS: Z Glued C							
Casing diameter	e ft., Diameter	in. to	ft., D	iameter	. in. to ft.		
Casing height above land surface	in., Weight	<i>l.Le. l</i> 2lbs./fi	t., Wall thic	ckness or gauge No	o5.D.K.Z6		
TYPE OF SCREEN OR PERFORATIO  Steel Stainless Steel	N MATERIAL:  R PVC	C Other (	Specify)				
Brass Galvanized Steel	None used (open hole)		specify)		*********		
SCREEN OR PERFORATION OPENING	NGS ARE:						
Continuous slot Mill slot	Gauze wrapped T	orch cut	lled holes	☐ None (open hole	e)		
Louvered shutter Key punched Wire wrapped Saw cut Other (specify)  SCREEN-PERFORATED INTERVALS: From G. G. ft. to							
From ft. to ft. From ft. to ft.							
GRAVEL PACK INTERVALS: From. 6.4. ft. to 48 ft., From ft. to ft. From ft. to ft.							
6 GROUT MATERIAL: Neat ce	ment						
Grout Intervals: From	to ft., From	ft. to	ft.,	, From	. ft. toft.		
What is the nearest source of possible co					/ '0 1 1 N		
Septic tank Lateral lines Pit privy Livestock pens Insecticide storage Other (specify below)  Sewer lines Cesspool Sewage lagoon Fuel storage Abandoned water well							
Sewer lines Cesspool Sewage lagoon Fuel storage Abandoned water well  Watertight sewer lines Seepage pit Feedyard Fertilizer storage Oil well/gas well							
Direction from well					CODIC DITERIAL C		
	OGIC LOG I	ROM TO	LITHO. L	OG (cont.) <u>or</u> PLU	GGING INTERVALS		
2 44 CIAY							
- April	D FINE & MEDIN	687					
	WD & GRAVEL						
58 GO CIAY (GREY							
60 64 3HALE							
			g hangs	Powerd	1		
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was \ constructed, \ reconstructed, or \ plugged under my jurisdiction and was completed on (mo/day/year) \ \ and this record is true to the best of my knowledge and belief.							
Kansas Water Well Contractor's License No This Water Well Record was completed on (mo/day/year)							
under the business name of 1.1000l/15.11.11.10.11							
INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks and check the correct answers. Send three copies (white, blue, pink) to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367.							
Telephone 785-296-5522. Send one copy to WATER WELL OWNER and retain one for your records. Include fee of \$5.00 for each constructed well. Visit us at							
http://www.kdheks.gov/waterwell/index.html. KSA 82a-1212							
NOW 074-1717							