County: <u>Saline</u>	Fraction <u>NE SW</u>	NE NW	Sec	T_/4_S F	2_EW					
CORRECTION(S) TO WATER WELL COMPLETION RECORD (WWC-5)										
Owner: Exline Leas	(to rectify lacking	g or incorrect in	iformation)	er .						
Location was listed as:			Location change	ed to:						
Section-Township-Range:			**************************************							
Fraction (¼ ¼ ¼):										
Other changes: Initial statements:	Lat.: 97.	5594								
	Long: 38.	8392								
Changed to:	()									
	Long: -97.									
Comments:	0									
Verification method: Wellsit	e address, c	city st	reet map	latitude	≥ €					
Verification method: Wellsit	and m	sping:	tool \$ ac	erial photo	5 OH					
KGS website.		// 3	initia	uls: PRI date: _/	10/7/2015					
Submitted by: Kansas Geological Sur-		rary, 1930 Con	stant Ave., Lawren	ice, KS 66047-3726	7./					
to: Kansas Dept of Health & Environment, Bureau of Water, 1000 SW Jackson, Suite 420, Topeka, KS 66612-1367.										

WATE	R WE	LL RECORD	Form W	/WC-5	E	division of Wate	r Resources App. No			
		OF WATER WELL:	Fraction							
	nty: Sal		NE 14 SW 14 NE	14 NW 14		16		R 2 ☐E ☑W		
		Address of Well Location;			Glob	al Positioning	System (GPS) inf	ormation:		
from nearest town or intersection: If at owner's address, check here 2 .				Latitude: .97,5594 (in decimal degrees)						
325	6 East	Country Club Road			Long	Longitude: 38.8392				
Sal	ina, KS	67401			Elev	Elevation: 1224.2				
2 W/	TER W	ELL OWNER:				Datum: WGS 84, NAD 83, NAD 27 Collection Method:				
		Address, Box #: Y	line Inc	•	1 77	GPS unit (Make/Model:)				
		ZIP Code : L	11110 1111	•		☐ Digital Map/Photo, ☑ Topographic Map, ☐ Land Survey				
							3 m, 🔲 3-5 m, 🔯 🤅			
	ATE W	ELL A DEPOSIT OF	COMPLETED WEI	. 7						
	TH AN "X TION BO		COMPLETED WEL iwater Encountered				Δ (2			
SEC	N HOW BY	WELL'S STAT	IC Water Encountered	(1).1397	Il balow	. (4) Innd custoes a		} 11. 		
l	r - i	WELL'S STATIC WATER LEVEL. NAft. below land surface measured on mo/day/yr								
l I	' ж W}									
w N	w	g Bore Hole Diam	eter 3in. to .	2	t and	.2in.	to .7			
"			TO BE USED AS: [jection well		
81	w :	D Damasia	☐ Feedlot ☐	Oil field wat	r supp	ly 🔲 De	watering 🔽 O	ther (Specify below)		
3		│	☐ Industrial ☐	Domestic-lay	vn & g	arden 🔲 Mo	nitoring well inle	ction point		
-			bacteriological sampl				Yes 🗹 No			
١.	S —I mils—	If yes, mo/	day/yr sample was su	bmitted		**********				
	1 10HC	Water well disin	fected? Yes	No						
		ASING USED: Steel				*************				
CASIN	IG JOIN	TS: 🗹 Glued 🔲 Clan	nped 🔲 Welded	☐ Threaded						
Casir	ig diame	ter .1 in. to .7	ft., Diameter	in.	to	ft., Di	ameter	in. to		
		above land surface24		t	lbs./	ft., Wall thic	kness or gauge No.			
	OF SCR Steel	EEN OR PERFORATION Stainless Steel		_	Other	(Cassifu)	*************			
. =	Brass	☐ Stainless Steel☐ Galvanized Steel	None used (open i	ole)	Outer (openry)	*****************) A * > A * + * *		
SCREE	N OR P	ERFORATION OPENING		,						
☐ Continuous slot										
L	Louvere	d shutter	☐ Wire wrapped [_ Saw cut		her (specify)		.,		
SCREEN-PERFORATED INTERVALS: From										
	CDAV	EL PACK INTERVALS:	From 2	# to 7	*******	A From				
	Olory		From							
6 GRO	UT MA	TERIAL: Neat ceme	nt Cement grou	D Benton	ite [Other				
	itervals:	From .Q ft. to	.2 ft., Fron	1	ft. to	A.,	From	ft. tofi.		
What is	the near	est source of possible conta	mination:							
	Septic ta			Livestock p		Insecticide:	storage 😿 Other	(specify below)		
	Sewer III	nes	Sewage lagoon			☐ Abandoned ☐ Oil well/gas	OL	ium Contam.		
Dire	tion from	m well	it Li recuyad	Distance			well	**************************************		
FROM	то	LITHOLOG		FROM	TO		G (cont.) or PLUG	GING INTERVALS		
0	1	Clay, silt								
1	7	Clay, silt, sand								

						<u></u>				
						<u> </u>				
·		**************************************								
	 					FOID : = =				
						FSIP-4-2-7				
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) .8/19/13 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No709 This Water Well Record was completed on (mo/day/year) .12/30/13										
Nansas	weici W	ell Contractor's License No ss name ofPlains, Enviro	onmental Services	TAILT WEILK	hu M	ras completed	on (morday/year)	7 TAYLUY		
		Use typewriter or ball point pen.								
	Kansas Department of Health and Environment, Bureau of Water Geology Section, 1000 SW Jackson St., Suit 420, Topeka, Kansas 66612-1367.									
Telephone 783-296-5524. 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										