County: Saline Fraction NE SW SE	Sec <u>30</u> T <u>/4</u> S R <u>2</u> EW							
CORRECTION(S) TO WATER WELL COMPLETION RECORD (WWC-5) (to rectify lacking or incorrect information)								
Owner: Adam Volcek (to rectify lacking or incorrect								
Location was listed as:	Location changed to:							
Section-Township-Range: None Given Fraction (444): NE SW SE	30-145-2W							
Fraction (% 1/4 1/4):	NE SW SE							
Other changes: Initial statements:								
Changed to:								
Comments:								
Verification method: Wellsite address, cit	y street map, Saline County							
Verification method: Wellsite address, cit online parcel search, and ma Submitted by: Kansas Geological Survey, Data Resources Library, 1930 Co.	pping tool on KGS website							
Submitted by. Raisas Geological Survey, Data Resources Diolary, 1930 Constant Ave., Damente, 120 000473720								
to: Kansas Dept of Health & Environment, Bureau of Water, 1000 SW Jackson, Suite 420, Topeka, KS 66612-1367.								

WATER WELL R		Form WW			ision of Water			
Original Record					urces App. No.		Well ID	
1 LOCATION OF W. County: SAL	NE	NE	tion 4.SW4.SW 1/4.	SE1/4 Sec	tion Number	Township Numb	er Range Number R DEDW	
2 WELL OWNER: Last Name: VOLCEK First: ADAM 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:								
Address: Address: City: SALINA State: KU ZIP: 60401 2304 SADDLEBLOOK								
3 LOCATE WELL				(5°9) A	5 Latitude		(desired de	
WITH "X" IN SECTION BOX:	4 DEPTH OF COMPLETED WELL:							
N	2)t. 3)t., or 4) Dry Well Horizontal Datum: DWGS 84 D NAD 83 NAD						4 🛘 NAD 83 🗖 NAD 27	
	WELL'S STATIC WATER LEVEL:							
NW NE	above land surface, measured on (mo-day-yr) (WAAS enabled? Yes No)				Yes 🗆 No)			
w - - E	after	ata: Well water	as	mm	☐ Land Survey ☐ Topographic Map ☐ Online Mapper:			
SW SE		Well water w	28 ft					
		hours pump ield:gpn		pm	6 Elevation	n:ft.	☐ Ground Level ☐ TOC	
S		Diameter:		. ft. and	Source:	Land Survey 🔲 🤇	GPS 🔲 Topographic Map	
mile	DE VICEE		. in. to	. ft.		Other		
7 WELL WATER TO 1. Domestic:		NS: Public Water Sur	only: well ID		10 ∏ Oil Fi	eld Water Supply: Je	ease	
☐.Household	6.	Dewatering: hov	v many wells?	••••••	Test Hole	:: well ID		
Lawn & Garden		Aquifer Recharge				Uncased []		
Livestock 2. Irrigation		Monitoring: well avironmental Rem				nal: how many bores d Loop 🔲 Horizont		
3. Feedlot		Air Sparge	☐ Soil Vapor E		b) Open	Loop 🔲 Surface Dis	scharge 🔲 Inj. of Water	
4. 🗌 Industrial		Recovery	☐ Injection					
Was a chemical/bacteriological sample submitted to KDHE? ☐ Yes ☑No If yes, date sample was submitted:								
Water well disinfected? XYes No 8 TVPF OF CASING USED: Steel X PVC Dotter CASING IOINTS: NGlued D Camped D Welded D Treeded								
8 TYPE OF CASING USED: Steel RPVC Other CASING JOINTS: Glued Clamped Welded Threaded Casing diameter in to ft., Diameter in to ft., Diameter in to ft. Casing height above land surface Meight Weight Meight Wall thickness or gauge No. S. L. L.								
Casing height above land s TYPE OF SCREEN OR	rurface		/eight <i>l. lq. 1</i> .	? lbs/ft.	Wall thicknes	s or gauge No. ふん.	L.d.6.	
	less Steel	Fiberglass	Σν⁄ενς		☐ Other (Specify)	******	
☐ Brass ☐ Galvanized Steel ☐ Concrete tile ☐ None used (open hole)								
SCREEN OR PERFORATION OPENINGS ARE: ☐ Continuous Slot								
☐ I ouvered Shutter	T Key Puncl	ed DWire Wr	anned 🔲 Sav	yCut □N	one (Onen Hole)	1		
SCREEN-PERFORATED INTERVALS: From								
GRAVEL PACK INTERVALS: From A.A. ft. to								
9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other Grout Intervals: From ft. to 2.2 ft., From ft. to ft. ft. of ft. to ft.								
Nearest source of possible contamination:								
☐ Septic Tank ☐ Lateral Lines ☐ Pit Privy ☐ Livestock Pens ☐ Insecticide Storage ☐ Sewer Lines ☐ Cess Pool ☐ Sewage Lagoon ☐ Fuel Storage ☐ Abandoned Water Well								
X Watertight Sewer Lines ☐ Seepage Pit ☐ Feedyard ☐ Fertilizer Storage ☐ Oil Well/Gas Well								
Other (Specify) Direction from well? Distance from well? Distance from well? TO LITTLE LOCATION OF THE PROPERTY OF THE PRO								
Direction from well? 10 FROM TO		ITHOLOGIC LO	DISIANCE HOM WE	FROM			PLUGGING INTERVALS	
0 4 /	FILL D	ILT						
18		BEOUNA					·	
18 47	SAND F	LOOM TIDE TO A						
3/10/1	<u>)7(201) 7</u>	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	211, 1111					
				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) and this record is true to the best of my knowledge and belief.								
under my jurisdiction and was completed on (mo-day-year) (A. M.R								
Kansas Water Well Contractor's License No. 364 This Water Well Record was completed on (mo-day-year) 02-09-17 under the business name of PLST1.196.RL 1.14.M. SERVICE. Signature								
Mail 1 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								