

County: $\qquad$ Fraction: $\qquad$ 19 SR. $\qquad$ 7

CORRECTION(S) to WATER WELL COMPLETION RECORD Form WWC-5 (to rectify lacking or incorrect information)
Owner: $\qquad$
If location corrected, was listed as:
Location changed to:
Section-Township-Range: $\qquad$
Fraction ( $1 / 4$ calls): $\qquad$ NE, SE NW | $\qquad$
Other changes: Initial statements: $\qquad$ Grawelpack interval Changed o: Gravel pack $110^{\prime}$ to $23^{\prime}$, and Grout interval $23^{\prime}$ to $\mathrm{O}^{\prime}$

Comments: $\qquad$
Verification method: Used KS STR Finder and spoke to contractor for corrected info on gravel pock i grout intervals. Initials: PKC
$\qquad$ Date: $\qquad$ $11 / 30 / 17$
Submitted by: $\square$ Kansas Geological Survey, Data Resources Library, 1930 Constant Ave., Lawrence, KS 66047-3726
$\square$ Kansas Dept. of Health \& Environment, Bureau of Water, 1000 SW Jackson, Suite 420, Topeka, KS 66612-1367



Was a chemicalbacteriological sample submitted to KDHE? Yes $\quad$ No If yes, date sample was submitted:
Water well disinfected? Yes $\square$ No
8 TYPE OF CASING USED: $\square$ Steel 1 PVC $\square$ Other .................... CASING JOINTS: $\square$ Glued $\square$ Clamped $\square$ Welded $\square$ Threaded Casing diameter ...... 5 ....... in. to ...... 110 .... ft., Diameter ........................ to ............. ft., Diameter ............. in. to ..............f Casing height above land surface ........... 18 ........ in. Weight .....SDRR-26.... bbs.ft. Wall thickness or gauge No. ...........................
TYPE OF SCREEN OR PERFORATION MATERIAL:


9 GROUT MATERIAL: $\square$ Neat cement $\square$ Cement grout $\square$ Bentonite $\square$ Other ..


## Nearest source of possible contamination:

Q Septic Tank
Q Sewer Lines
Watertight Sewer Lines
Other (Specify) ...No
$\square$ Lateral Lines
$\square$ Cess Pool
$\square$ Seepage Pit
$\square$ Pit Privy
$\square$ Sewage Lagoon
$\square$ Feedyard
$\square$ Livestock Pens
$\square$ Fuel Storage
$\square$ Fertilizer Storage
$\square$ Insecticide Storage
$\square$ Abandoned Water Well
$\square$ Oil Well/Gas Well

Direction from well? ........................................... Distance from well? ....................................................... f.

| $\mathbf{1 0}$ FROM | TO | LITHOLOGIC LOG | FROM | TO | LITHO. LOG (cont.) or PLUGGING INTERVALS |
| :--- | :--- | :--- | :--- | :--- | :--- |
| 0 | 3 | Top soil |  |  |  |
| 3 | 13 | Brown clay |  |  |  |
| 13 | 18 | Limestone \& caliche w/ brown gritty clay |  |  |  |
| 18 | 65 | Tan clay w/ caliche |  |  |  |
| 65 | 70 | Brown gritty clay |  |  |  |
| 70 | 95 | Tan sticky clay |  |  |  |
| 95 | 107 | Dakota drift, broken rock, ironated rock, | Notes: |  |  |
|  |  | \& sandstone |  |  |  |
| 107 | 110 | Green blue shale |  |  |  |

11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was man mand $\square$ reconstructed, or plugged under my jurisdiction and was completed on (mo-day-year) ...9-25-17....... and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. ...134....... This Water Well Record was completed on (mo-day-year) ...10-9-17.


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 $785-296-5524$.

