County: Reno	Fraction: NW SW	SW Sw Sec. 36 T 22 S R 6 W	_
CORRECTION(S) TO WATER V	VELL COMPLETION RECOR	RD Form WWC-5 (to rectify lacking or incorrect information	n)
Owner: Nick Cou.	lter_		
If location corrected, was listed as:		Location changed to:	
Section-Township-Range: 36	-225-6W	36-225-6W	_
Fraction (1/4 calls):	E SW SW	36-225-6W NW SW SW SW	
Other changes: Initial statements:			
Changed to:			
Comments:			
Verification method: //3a//	" hat's address	ss and manaling toolor	E-Parameter
1101 C	where s and re-	ss, and mapping toolon	
KGS Website			
		Initials: DRA Date: 10/23/20	18
Submitted by: X Kansas Geological	Survey, Data Resources Library,	, 1930 Constant Avenue, Lawrence, KS 66047-3724	
		Water, 1000 SW Jackson, Suite 420, Topeka, KS 66612-1367	

(01/26/2018)

WATER WELL RECO	RD	Form W	/WC-5	Div	vision of Wa	ter Resources App. No	0.			
1 LOCATION OF WATE		Fraction	C1\	Section		Township No.	Range Number			
County: VINO		1/4N E1/45 L			00	1) 22 S	R O O DE DW			
Street/Rural Address of V						ng System (GPS) in				
from hearest town or inte	rsection: If at c	owner's address, chec					(in decimal degrees) (in decimal degrees)			
2 WATER WELL ONA	ED.A 0 1 c 1	(- 120	0	Datum:	: WGS	84, NAD 83,				
2 WATER WELL OWNER: NICK COUPTER					Collection Method:					
RR#, Street Address, Box #: 123 Downing Rd City, State, ZIP Code 121 Downing Rd					☐ GPS unit (Make/Model:) ☐ Digital Map/Photo, ☐ Topographic Map, ☐ Land Survey					
	1704c/	M. mosonic	l 67502	Est. Ac	ccuracy:	<3 m. □ 3-5 m, □	5-15 m, \square >15 m			
3 LOCATE WELL			3	2						
		COMPLETED WEI			f		(2)			
N N	Depth(s) Groundwater Encountered (1)									
	Pump test data: Well water wasft. afterft. hours pumping									
NWNE E	ECT VIELD Comm. Well westerness & A. C. S.									
W E B										
		TO BE USED AS: [njection well			
-: 0 w 0 E =	Domestic		Oil field water	er supply		Dewatering [] (Other (Specify below)			
	☐ Irrigation ☐ Industrial ☐ Domestic-lawn & garden ☐ Monitoring well									
s		day/yr sample was su				1 165 7 110				
mile W		fected? Yes								
5 TYPE OF CASING USE	ED: Steel	PVC [Other							
CASING JOINTS: GL	ned Clan	ned Welded	☐ Threaded			******				
CASING JOINTS: Glued Clamped Welded Threaded Casing diameter in to ft., Diameter in to ft. Casing height above land surface in., Weight Ibs./ft., Wall thickness or gauge No.										
Casing height above land surface. \ in., Weight in., Weight lbs./ft., Wall thickness or gauge No. \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \										
TYPE OF SCREEN OR PE	REORATION I	MATERIAL: PVC								
		None used (open)	hole)	Other (S)	pecify)	• • • • • • • • • • • • • • • • • • • •				
SCREEN OR PERFORATION										
☐ Continuous slot ☐ Mill slot ☐ Gauze wrapped ☐ Torch cut ☐ Drilled holes ☐ None (open hole)										
Louvered shutter Key punched Wire wrapped Saw cut Other (specify) SCREEN-PERFORATED INTERVALS: From ft. to ft., From ft. to ft.										
SCREEN-FERFURATED INTERVALS: From										
GRAVEL PACK INTERVALS: From										
		From	ft. to		ft., From .	ft. 1	to ft.			
6 GROUT MATERIAL:	☐ Neat ceme	nt Cement grou	Benton	nite 🔲	Other					
Grout Intervals: From	C) ft. to	\ ft., From	n	ft. to	ft.	., From	. ft. toft.			
What is the nearest source of Septic tank		mination: es Pit privy	Livestock p	ans [Insecticid	la storage	er (specify below)			
Sewer lines	Cesspool	Sewage lagoon	Fuel storage			ed water well	er (specify below)			
Watertight sewer lines	🖵 Seepage pi	it 🗌 Feedyard	Fertilizer st	orage [☐ Oil well/g					
Direction from well										
FROM TO	LITHOLOGI	IC LOG	FROM	TO	LITHO. I	LOG (cont.) or PLU	GGING INTERVALS			
S D BIGC	100	3311	+							
14 19 1	273	an clain								
18 33 086	2333 0	ravel								
Supplied to the supplied to th										
7 CONTRACTOR'S OR I	ANDOWNED	'S CEDTILICATIO	N. This water	r wall w	as Z const	mated D reconstr	ucted or nlugged			
under my jurisdiction and was completed on (mo/day/year) and this record is true to the best of my knowledge and belief										
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was a constructed, a reconstructed, or plugged under my jurisdiction and was completed on (mo/day/year)										
under the business name of which is a superior with the superior with the business name of which is a superior with the										
INSTRUCTIONS: Use typewriter or ball point pen. <u>PLEASE PRESS FIRMLY</u> and <u>PRINT</u> 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 785-296-5524. Send o	ne copy to WATI	ER WELL OWNER and	retain one for y	our records	i, 1000 SW J s. Include <u>f</u> e	ee of \$5.00 for each co	onstructed well. Visit us at			
http://www.kdheks.gov/waterwell/ir										
ECV 832-1313										

neggi jeget, sinver

