County: <u>Neno</u> Fraction: <u>NW SE SE</u>	$=$ $\times$ Sec. $\times$	
CORRECTION(S) TO WATER WELL COMPLETION RECORD Form WWC-5 (to rectify lacking or incorrect information)		
Owner: Ron Devore		
If location corrected, was listed as:	Location changed to:	
Section-Township-Range: 2-235-6W  Fraction (1/4 calls): SW NE NE	2-235-6W	
Fraction (1/4 calls): SW NE NE	NW SE SE NE	
Other changes: Initial statements:		
Changed to:		
Comments:		
Verification method: Well owner's address, and mapping tool on KGS website.		
	Initials: DR Date: 10/23/2018	
Submitted by: X Kansas Geological Survey, Data Resources Library, 1	. ,	
	(01/26/2018)	

WATER WELL RECORD	Form WWC-5	Division of Water Resources App. No.	
1 LOCATION OF WATER WELL:	Fraction	Section Number Township No. Range Number	
County:	1456416141814		
Street/Rural Address of Well Location; from nearest town or intersection: If at		Global Positioning System (GPS) information:  Latitude:	
nomineurost town of intersection. If at	owner's address, eneck here	Longitude: (in decimal degrees)	
		Elevation:	
2 WATER WELL OWNER: NO	Devole	Datum: WGS 84, NAD 83, NAD 27 Collection Method:	
RR#, Street Address, Box #:	いつつくけん	GPS unit (Make/Model:)	
City, State, ZIP Code \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	V(17(-9	☐ Digital Map/Photo, ☐ Topographic Map, ☐ Land Survey Est. Accuracy: ☐ <3 m, ☐ 3-5 m, ☐ 5-15 m, ☐ >15 m	
3 LOCATE WELL	10000, 17 0 1200	<u> </u>	
	COMPLETED WELL		
SECTION BOX: Depth(s) Ground	dwater Encountered (1)	ft. (2) ft. (3)	
SECTION BOX:  Depth(s) Groundwater Encountered (1)			
Pump test data: Well water was			
W   EST. YIELDgpm. Well water wasft. after			
WELL WATER TO BE USED AS: ☐ Public water supply ☐ Geothermal ☐ Injection well			
-SW SE Domestic Feedlot Oil field water supply Dewatering Other (Specify below)			
☐ Irrigation ☐ Industrial ☐ Domestic-lawn & garden ☐ Monitoring well			
S If yes, mo/day/yr sample was submitted			
	fected? Yes 🗌 No		
5 TYPE OF CASING USED: Stee			
CASING JOINTS: Glued Clamped Welded Threaded			
Casing diameter in. to			
TYPE OF SCREEN OR PERFORATION	MATERIAL:		
☐ Steel ☐ Stainless Steel	PVC □	Other (Specify)	
Brass Galvanized Steel None used (open hole) SCREEN OR PERFORATION OPENINGS ARE:			
Continuous slot  Mill slot			
Louvered shutter Key punched Wire wrapped Saw cut Other (specify)  SCREEN-PERFORATED INTERVALS: From ft. to ft., From ft. to ft.			
SCREEN-PERFORATED INTERVALS:	From ft. to 5	ft., From	
GRAVEL PACK INTERVALS:	From 19 ft to 3		
	From ft. to ,	ft., From ft. to ft.	
6 GROUT MATERIAL: ☐ Neat ceme	ent Cement grout Benton	nite  Other	
Grout Intervals: From	mination:	ft. to	
Septic tank    Lateral lin		pens Insecticide storage Other (specify below)	
Sewer lines Cesspool	Sewage lagoon Fuel storage	e Abandoned water well	
Watertight sewer lines Seepage p	it Feedyard Fertilizer st	torage Uoil well/gas well from well	
FROM TO LITHOLOG		TO LITHO. LOG (cont.) or PLUGGING INTERVALS	
O & Black TOPS	201		
3 13 Black Sample	1 Clar		
18 30 000 5000	, ,		
18 32 PCB 5.22 C	y asc 1		
7 CONTRACTOR'S OR LANDOWNER	R'S CERTIFICATION: This water	er well was constructed, reconstructed, or plugged	
under my jurisdiction and was completed on (mo/day/year)			
Kansas Water Well Contractor's License N	o This, Water Well R	ecord was completed on (mo/day/year)	
INSTRUCTIONS: Use typewriter or hall point nem	PLEASE PRESS EIRMI V and DRIVE alo	by (signature)	
(white, blue, pink) to Kansas Department of Health	(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 one copy to WAT http://www.kdheks.gov/waterwell/index.html.	Telephone 785-296-5524. 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 http://www.kdheks.gov/waterwell/index.html.		
VCA 87a_1717			

ather Borne