County: <u>Reno</u> Fraction: <u>SESESWSW</u> Sec. <u>4</u> T <u>25</u> S R <u>6</u> W												
CORRECTION(S) TO WATER WELL COMPLETION RECORD (WWC-5) - to rectify lacking or incorrect information												
Owner: James P. Doyle												
If corrected, location was listed as: Location changed to:												
Section-Township-Range:												
Fraction (¼ ¼ ¼):												
Other changes: Initial statements: Owner listed (Paul Barlow) is tenant.												
Changed to: Correct owner is James P. Doyle.												
Comments:												
Verification method: Email no rification From owner.												
Initials: DAH Date: Feb. 13, 2019												
Submitted by: 🔀 Kansas Geological Survey, Data Resources Library, 1930 Constant Avenue, Lawrence, KS 66047-3724 Kansas Dept. of Health & Environment, Bureau of Water, 1000 SW Jackson, Suite 420, Topeka, KS 66612-1367												

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W	_			CORD	Form V			3544		ion of Wate						
				Correction	Chang					rces App. N	1		Well ID			
1 LOCATION OF WATER WELL:						Fraction $\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$			Section Number		er	-		ge Number		
2	County					1⁄4	1/4 1									
2	WELL Business: Address: Address: City:	OWNER	: Las	t Name:	State:	First: ZIP:		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:								
3		OCATE WELL														
		4 DEPTH OF COMPLETED WE Depth(s) Groundwater Encountered: 1)										5 Latitude:(decimal degrees) Longitude:(decimal degrees)				
	SECTIO								Long	itud			(decimal degrees)			
	N	2) ft. 3) ft., or 4) WELL'S STATIC WATER LEVEL:									Datum: WGS 84 NAD 83 NAD 27 Source for Latitude/Longitude:					
				below land surface, measured on (mo-day-yr)						GPS (unit make/model:)						
	NW	NE		above land surface, measured on (mo-day-yr)						(WAAS enabled? ☐ Yes ☐ No) ☐ Land Survey ☐ Topographic Map ☐ Online Mapper:						
				Pump test data: Well water was ft.												
W			E	after hours pumping gpm Well water was ft.												
	SW	SE		after hours pumping												
	x			Estimated Y	ield:	gpm		01	6 Elevation:ft. Ground Lev							
	-	S		Bore Hole I					and <u>Source</u> : Land Survey GPS Other							
		nile	TO			in.	. to	ft.				Ouler	•••••			
			TO.	BE USED A		6 C 1						1 J Weten Complex 1.				
	Domestic:						: well ID any wells? .									
	□ Housel						vell ID					\Box Uncased \Box G				
	Livesto											al: how many bores				
2.	🗌 Irrigati	on		9. Ei	vironmenta		tion: well l			a) Cl	losed	Loop 🗌 Horizonta	al 🗌 Verti	cal		
	Feedlo				Air Sparge		Soil Vapor	Extraction	1			Loop 🗌 Surface Dis				
4.	🗌 Industr	rial			Recovery		Injection			13. 🗌 Ot	ther (specify):				
				ological san		itted to K	KDHE?]Yes 🗌	No	If yes, date	e san	nple was submitted	1:			
				Yes												
												Glued Clamped		d 🗌 Threaded		
												in. to				
				PERFORA			nt	108	5./IL.	wan unci	kness	or gauge No	• • • • • • • • • • • • • • • • • • • •			
1	\Box Steel						□ PVC			□ Otł	her (S	Specify)				
	Steel Stainless Steel Fiberglass PVC Other (Specify) Brass Galvanized Steel Concrete tile None used (open hole)															
SC	SCREEN OR PERFORATION OPENINGS ARE:															
	Continuous Slot Mill Slot Gauze Wrapped Torch Cut Drilled Holes Other (Specify)															
	Louvered Shutter Key Punched Wire Wrapped Saw Cut None (Open Hole)															
SC	SCREEN-PERFORATED INTERVALS: From															
0	GRAVEL PACK INTERVALS: From ft. to ft., From ft., From ft. to ft.															
9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other ft. From ft. to																
				contaminati		,o				, 1 10111						
	Septic '	Tank			Lateral Line] Pit Privy			ivestock Pe		Insectici	ide Storage			
	Sewer l				Cess Pool		Sewage L			uel Storage		Abandon Abandon		Well		
		ight Sewer		s 🗆 S	Seepage Pit	L	Feedyard		∐ F	ertilizer Sto	orage	□ Oil Well	l/Gas Well			
												ft.				
	FROM	TO	<u> </u>		ITHOLOG			FRO		ТО	LIT	HO. LOG (cont.) or	PLUGGIN	GINTERVALS		
			\top	-						-						
Notes:																
11	11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was _ constructed, _ reconstructed, or _ plugged															
												ie to the best of my				
Ka	ansas Wa	ter Well (Cont	ractor's Lice	ense No		This W	ater Wel	Reco	rd was coi	mple	ted on (mo-day-ye	ar)			
			ame	of							- 					
	KS Departs	nent of Heal										or each <u>constructed</u> wel ka, Kansas 66612-1367		785-206-3565		
	-			a cov/waterwel		ater, 00010	57 500001, 1	JUCIENT		, 5410 420,	Tobe	nu, muiisas 00012-130/		A 82a-1212		