County: Pratt	Fraction NW NW NE	Sec. 27 T 27 S R 13 E/6
	TION(S) TO WATER WELL COMI (to rectify lacking or incorrect	
Location was listed as:		Location changed to:
Section-Township-Range:	1	
Fraction (¼ ¼ ¼): N/A		NW NW NE
Other changes: Initial statements:	GPS Datum source lis	NW NW NE sted as Earth Point
Changed to: 675 Datum	is W6584	
Comments:		
Verification method: Google	Earth, KGS Interact	ive Map, KGS LEOWEB
		initials: DRL date: 6-6-2017
		onstant Ave., Lawrence, KS 660473726 sson, Suite 420, Topeka, KS 66612-1367.

WATER WELL R					ision of Wate	-		
	Correction				ources App. N		Well ID	
1 LOCATION OF W	ATER WEI				tion Numbe	1		
County: Pratt								
2 WELL OWNER: L	ast Name:	Firs	t:					
Business: Ninnesca Address:	· · · · · · · · · · · · · · · · · · ·							
Address: Z 75 / 2	E ZOUST ZOUST							
City: Pratt	~	State: 125 ZIP	: 67/24	PILIT	165 671			
3 LOCATE WELL	4 DEPTH	OF COMPLE	TED WELL:	200 A	5 Latitu	ide: 37.6748	(decimal degrees)	
WITH "X" IN	4 DEPTH OF COMPLETED WELL: 200 ft. Depth(s) Groundwater Encountered: 1) ft. Latitude: 37.674726 (decimal degrees) Longitude: 78.721353 (decimal degrees)							
SECTION BOX:	2) ft. 3) ft., or 4) \[\subseteq \text{ Dry Well} \]					Horizontal Datum: ☐ WGS 84 ☐ NAD 83 ☐ NAD 27		
	WELL'S STATIC WATER LEVEL: ft.					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)			1	(WAAS enabled? ☐ Yes ☐ No)		
			vasfi pingfi			☐ Land Survey ☐ Topographic Map ☐ Online Mapper:		
W	and		vas f		LIPO	nline Mapper:	!¬Се!!!Т:	
XW SE	after		ping					
	Estimated Y	ield:gp	m	Br		6 Elevation:ft. Ground Level TOC		
S			m in. to		Source		GPS Topographic Map	
mile			in. to	ft.		☐ Other		
7 WELL WATER TO					=			
1. Domestic:			pply: well ID		10. ☐ Oi	i rield Water Supply: le	ease	
☐ Lawn & Garden	7 (Aquifer Rechard	w many wells? ge: well ID	***************************************	II. Iest i	lole: well IDsed 🔲 C	Gentechnical -	
☐ Livestock			11 ID		12. Geoth	ermal: how many bores	? 40	
2. Irrigation			nediation: well ID			osed Loop Horizont		
3. Teedlot			☐ Soil Vapor I				scharge 🔲 Inj. of Water	
4. Industrial] Recovery	☐ Injection	_	13. 🔲 Ot	her (specify):		
Was a chemical/bacter	iological sar	nple submitted	to KDHE?	Yes No	If yes, date	sample was submitte	d:	
Water well disinfected?								
8 TYPE OF CASING	USED: □ S	teel PVC	Other	CASI	NG JOINTS:	: Glued Clamped	☐ Welded ☐ Threaded	
Casing diameter								
Casing height above land s				lbs./ft.	Wall thick	ness or gauge No		
TYPE OF SCREEN OR ☐ Steel ☐ Stain	less Steel	Fiberglass	AL: □ PVC		□ O4b	er (Specify)		
	anized Steel	Concrete ti		sed (open hole		er (Specify)		
SCREEN OR PERFOR			io Divoto a	oce (open nor	-,			
☐ Continuous Slot	☐ Mill Slot	☐ Gauze V	Vrapped To	rch Cut 🔲 🗅	rilled Holes	Other (Specify)		
☐ Louvered Shutter	☐ Key Puncl	ned 🔲 Wire W	rapped 🔲 Sa	w Cut 🔲 N	lone (Open H	ole)		
SCREEN-PERFORATE	ED INTERV	ALS: From	ft. to	ft., From .	ft. to	ft., From	ft. to ft.	
							ft. to ft.	
9 GROUT MATERIA	L: Neat o	ement	ent grout 🛂 Be	ntonite 🔲 C	Other			
Grout Intervals: From			rom	ft. to	ft., From .	ft. to	ft.	
Nearest source of possible Septic Tank		on: Lateral Lines	☐ Pit Privy	-	Livestock Per	nn 🗆 Incastic	cide Storage	
Sewer Lines		Cess Pool	Sewage Lag	_	Fuel Storage		oned Water Well	
☐ Watertight Sewer Lines ☐ Seepage Pit ☐ Feedyard ☐ Fertilizer Storage ☐ Oil Well/Gas Well								
Other (Specify) Nome - Middle of field.								
Direction from well?			Distance from we			ft.		
10 FROM TO		ITHOLOGIC L		FROM	TO	LITHO. LOG (cont.) or	PLUGGING INTERVALS	
0 60	Sand	+ Gravel						
61 +200	Clay	+ Shele.						
				 				
				+				
				 				
 				Notes:				
lvotes:								
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) [-]								
Kansas Water Well Con	tractor's Lice	ense No	This Wa	ter Well Rec	ord was con	npleted on (middlay-ye	ear)/	
under the business name	ng with a fee of	\$5.00 for each cons	tructed well to: Kan	sas Department	of Health and	Environment, Bureau of Wa	ater, GWTS Section.	
1000 SW Jackson St	Suite 420. Tor	ocka, Kansas 66612	-1367. Mail one to	Water Well Own	ner and retain or	ne for your records. Teleph	one 785-296-5524.	
Visit us at http://www.kdheks				KSA 82a-12			Revised 7/10/2015	