## CORRECTION(S) TO WATER WELL RECORD (WWC-5)

(to rectify lacking or incorrect information)

Location listed as:	Location changed to:
Section-Township-Range: 34-215-18 W	34-275-18W
Fraction ( 1/4 1/4 1/4):	SW SW SW
Other changes: Initial statements:	•
· · · · · · · · · · · · · · · · · · ·	
Changed to:	
Comments:	
verification method: Written \$ legal descrip	tions, water rights
verification method: Written & legal description in WIMAS database.  KGS website.	, and mapping tool on
KGS website.	initials: DRL date: 6/4/20/2

submitted by: Kansas Geological Survey, Data Resources Library, 1930 Constant Ave., Lawrence, KS 66047-3726 to: Kansas Dept of Health & Environment, Bureau of Water, 1000 SW Jackson, Suite 420, Topeka, KS 66612-1367.

WATER WELL RE	CORD	Form W	WC-5	Div	vision of Wate	r Resources App. N	0. 20110393		
1 LOCATION OF WATER WELL:		Fraction		Section Number Township			Range Number		
County: Kiowa		1/4 SW 1/4 SW	1/4 SW 1/4	1 1 5					
Street/Rural Address of	of Well Location; i	if unknown, distance &	direction	Globa	l Positioning	g System (GPS) is	nformation:		
from nearest town or intersection: If at owner's address, check here . Latitude:									
2N, 1/2E of Greensburg, KS					Longitude: (in decimal degrees)				
214, 1722 of Glochisburg, No				Elevation:					
2 WATER WELLOW	UNIED.					4, 🔲 NAD 83, 🗀	] NAD 27		
2 WATER WELL OWNER: GMTc/o Jerry Robertson					Collection Method:				
RR#, Street Address, Box #: 3545 s. Holmes Rd					☐ GPS unit (Make/Model:) ☐ Digital Map/Photo, ☐ Topographic Map, ☐ Land Survey				
City, State, ZIP Code : Salina, KS 67401					Est. Accuracy:   <3 m,   3-5 m,   5-15 m,   >15 m				
3 LOCATE WELL									
WITH AN "X" IN	1								
SECTION BOX:	OX: Depth(s) Groundwater Encountered (1).70 ft. (2) ft. (3) ft.								
N	WELL'S STATIC WATER LEVELft. below land surface measured on mo/day/yr12/.7/1.1								
	Pump test data: Well water wasft. after hours pumping gpm								
NW NE	ECT VIELD 90 Well australian A often house annual a								
W   E	[!vw  vb								
WELL WATER TO BE USED AS: Public water supply Geothermal Injection well									
SW SE	☐ Domestic	☐ Feedlot 🗹 (	Oil field wate	er supply	y 🛮 De	ewatering 🔲	Other (Specify below)		
Sw-1	☐ Irrigation	☐ Industrial ☐ ☐	Domestic-lav	vn & ga	rden 🔲 Mo	onitoring well			
<del>                                   </del>	Was a chemical/	bacteriological sample	submitted to	Depart	ment?	Yes 🗹 No			
S If yes, mo/day/yr sample was submitted									
mile	Water well disin	fected? 🔽 Yes 🔲	No						
5 TYPE OF CASING U	ISED: Steel	I V PVC 🗆 C	Other						
CASING JOINTS:						••••			
Casing diameter 5	in to 104	ft Diameter	in.	to	ft D	iameter	in. to ft.		
Casing height above la	nd surface 12	in Weight	2.8	lbs./fi	t Wall this	ckness or gauge N	Sch. 40		
TYPE OF SCREEN OR					.,	summer or gauge in			
	inless Steel			Other (S	Specify)				
	Ivanized Steel	None used (open he		,	,				
SCREEN OR PERFORA				_		_			
☐ Continuous slot ☐ Mill slot ☐ Gauze wrapped ☐ Torch cut ☐ Drilled holes ☐ None (open hole)									
Louvered shutter	∐ Key punched	☐ Wire wrapped	Saw cut	U Oth	er (specify)				
SCREEN-PERFORATED INTERVALS: From									
From									
GRAVEL PACK INTERVALS: From									
6 GROUT MATERIAL	. □Nest semi	Troin	71 Parto	ita [	II., FIOIII	It.	10		
Grout Intervals: From	L:   Neat ceme	ent 🔲 Cement grout	у Вепю	nie L	Other	Erom	ft. toft.		
			1	π. ιο	11.,	rrom	11. 1011.		
What is the nearest source of possible contamination:  ☐ Septic tank ☐ Lateral lines ☐ Pit privy ☐ Livestock pens ☐ Insecticide storage ☐ Other (specify below)									
Sewer lines	Cesspool	Sewage lagoon			Abandone		ici (speerly below)		
Watertight sewer lines   Seepage pit   Feedyard   Fertilizer storage   ✓ Oil well/gas well									
Direction from well .			Distance	from we	ell1.15				
FROM TO	LITHOLOG	IC LOG	FROM	TO	LITHO. L	OG (cont.) <u>or</u> PLU	JGGING INTERVALS		
0 3 top sa	nd								
3 52 clay					Robertson	2-34			
	ind gravel								
					Sterling D	rilling Company			
					P O Box 1	006			
					Pratt. KS (	67124			
						0 (0) (2)			
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was   ✓ constructed, ☐ reconstructed, or ☐ plugged									
under my jurisdiction and was completed on (mo/day/year) .12!7/.11									
Kansas Water Well Contractor's License No. 186 This Water Well Record was completed on (mo/day/year) .01/02/12									
under the business name of Kelly's Water Well Service, Inc. by (signature) Kalhum Aton 4									
INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks and check the correct answers. Send three copies									
(white, blue, pink) to Kansas Depar tment of Health and E nvironment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 666 12-1367.									
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. Vi sit us at									
http://www.kdheks.gov/waterwell/index.html.  KSA 82a-1212 Check: White Copy, Blue Copy, Pink Copy									
KSA 82a-1212				Cr	ieck: 🚺 W	пие Сору, 📋 Ві	lue Copy, 🔲 Pink Copy		

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