County: Barber Fraction: SW SW SE Sec. 30 T 32 S R 14 W
CORRECTION(S) TO WATER WELL COMPLETION RECORD (WWC-5) - to rectify lacking or incorrect information
Owner: Dave Chacko
If corrected, location was listed as:  Location changed to:
Section-Township-Range: 30 - 328 14 W
Fraction (1/4 1/4 1/4): <b>SW</b> SW SE
Other changes: Initial statements: no location of well given
Changed to: 18089 SW Crazy Horse Lake City
Comments:
Verification method: Kansasais.org/orka
Initials: MS Date: 06-12-2018
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

(2017/09/11)

WATER WELL R				sion of Water			
	Correction		Resources App			Well ID	
1 LOCATION OF W	ATER WELL: Fraction Section			ion Number	Township Numb		
County: Da	her Sw's Sw SE School Towns 328 R 190E XW						
2 WELL OWNER: Last Name: Chacko First: Dave 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:							
Address: 655 No Woodfawn							
Address:							
City: WYCh	State: K	S ZIP: 67208	110				
3 LOCATE WELL	4 DEPTH OF CO	MPLETED WELL: .,	42 ft.	5 Latitude	•	(decimal degrees)	
WITH "X" IN SECTION BOX:	Depth(s) Groundwater	Encountered: 1)	.5. ft.			(decimal degrees)	
N N	2) ft. 3) ft., or 4) Dry Well Horizontal Datum: WGS 84 NAD 83 NAD 27						
<u> </u>	WELL'S STATIC WATER LEVEL:2.5						
		below land surface, measured on (mo-day-yr)					
NW NE		water was ft.			WAAS enabled?		
w E		s pumping g					
		water was ft.			- Mappet		
SW SE		pumpingg	pm	6 Floretion	a. A	☐ Ground Level ☐ TOC	
S	Estimated Yield: . J.C	9.gpm in. to42	A and			GPS Topographic Map	
l mile		in. to					
7 WELL WATER TO BE USED AS:							
1. Domestic:		ater Supply: well ID	***************************************	10. 🗀 Oil Fi	eld Water Supply: 16	ease	
☐ Household	<ol><li>Dewateri</li></ol>	ng: how many wells?		<ol><li>Test Hole</li></ol>	: well ID		
Lawn & Garden	7. ☐ Aquifer Recharge: well ID ☐ Cased ☐ Uncased ☐ Geotechnical						
Livestock		ng: well ID			nal: how many bores		
2.  Irrigation 3.  Feedlot	9. Environmen	tal Remediation: well ID te			Loop Horizont	scharge  Inj. of Water	
4. Industrial	☐ Recovery		Ruaction	13. ☐ Other	(specify):	scharge I hij. of water	
Was a chemical/bacter			os Mo			d:	
Water well disinfested?	Mayor PINO		•	•	•		
& TVPF OF CASING	HSED.   Steel DED	/C C Other	CASIN	G IOINTS:	Glued   Clamped	i ☐ Welded ☐ Threaded	
Casing diameter 5	in. to	Diameter i	n. to	ft Diameter	in. to	ft.	
Casing diameter in. to ft., Diameter in. to ft. Casing height above land surface in. Weight lbs./ft. Wall thickness or gauge No.							
TYPE OF SCREEN OR PERFORATION MATERIAL:							
☐ Steel ☐ Stainless Steel ☐ Fiberglass ☐ PVC ☐ Other (Specify)							
☐ Brass ☐ Galvanized Steel ☐ Concrete tile ☐ None used (open hole)							
SCREEN OR PERFORATION OPENINGS ARE:  ☐ Continuous Slot ☐ Mill Slot ☐ Gauze Wrapped ☐ Torch Cut ☐ Drilled Holes ☐ Other (Specify)							
☐ Continuous Slot ☐ Mill Slot ☐ Gauze Wrapped ☐ Torch Cut ☐ Drilled Holes ☐ Other (Specify)							
SCREEN-PERFORATED INTERVALS: From							
GRAVEL PACK INTERVALS: From							
9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other							
Grout Intervals: From							
Nearest source of possible		C nie neiere		in a to Done		:1- 04	
☐ Septic Tank ☐ Sewer Lines	☐ Lateral Lin ☐ Cess Pool	es ☐ Pit Privy ☐ Sewage Lag		Livestock Pens Fuel Storage		cide Storage	
☐ Sewer Lines       ☐ Cess Pool       ☐ Sewage Lagoon       ☐ Fuel Storage       ☑ Abandoned Water Well         ☐ Watertight Sewer Lines       ☐ Seepage Pit       ☐ Feedyard       ☐ Fertilizer Storage       ☐ Oil Well/Gas Well							
Other (Specify)		•					
Direction from well?		Distance from wel					
10 FROM TO	LITHOLO	GIC LOG	FROM	TO LI	THO. LOG (cont.) or	PLUGGING INTERVALS	
0 12		v/ Tan Clay					
12 21		aly o					
	Fine Sara	70	-				
31 42	Sand Red Sha	1.					
31 76	reasna	K.					
			Notes:				
11000							
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was a constructed, or plugged under my jurisdiction and was completed on (mo-day-year)							
under my jurisdiction and was completed on (mo-day-year)							
Kansas Water Well Con	ntractor's License No.	This Wat	er Well Reco	ord was comp	ened on (mo-day-y	ear)J/	
Mail 1 white conv ale	ong with a fee of \$5.00 for ea	ich constructed well to: Kans	as Department	of Health and Fry	ironment. Bureau of W	ater, GWTS Section.	
1000 SW Jackson S	t., Suite 420, Topeka, Kansa	s 66612-1367. Mail one to W	ater Well Owne	er and retain one f	or your records. Teleph	ione 785-296-5524.	
	s.gov/waterwell/index.html		KSA 82a-121			Revised 7/10/2015	