Location listed as:	County: <u>Shaunce</u> Location changed to:								
Section-Township-Range: 15-105-15E	15-105-15E								
Fraction (1/4 1/4 1/4): None Given	NE NE SE								
Other changes: Initial statements:									
Changed to:									

CORRECTION(S) TO WATER WELL RECORD (WWC-5) (to rectify lacking or incorrect information)

Comments: Rolling Meadows Recycling & Disposal Facility 7351 NW US. Hwy 75, Topeka, KS 66618

verification method: Topeka address of well owner, written & legal descriptions, area map on internet, county map, and Flmont 1:24,000 topo. map.

initials: ORL date: <u>5/5/2003</u> 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.

		WA	ATER WELL REC	ORD Form WWC-5	KSA 82a-	1212 ID N	0			
	Shaw	ater well: Inee	Fraction 1/4	1/4	Sec 4	tion Number	Township Num	ber S	Range Number	
Distance a	IAL IA	AC.O	or city street a	address of well if located	within city?	= Tor	oka KS			
2 WATER	R WELL OW	NER: Pal	m Mendo	WS RDF %	aug to	1000				
□□ RR#, St. A City, State,	uui ess, Dox		owig3	rd St. Kansas 66	_	1100	Board of Agric Application Nu		ivision of Water Resources	
3 LOCATE	WELL'S LO	OCATION WITH				ft. ELEVA	TION:			
	N SECTION N		Depth(s) Grour						ft.	
	1	1							gpm	
_	-NW	' NE	Est. Yield	gpm: Well wate	was	ft. a	after	hours p	umping gpm	
	1	1	WELL WATER 1 Domestic		Public water s Dil field water		8 Air conditioning 9 Dewatering		jection well ther (Specify below)	
w—		 E	2 Irrigation	4 Industrial 7	Domestic (lav	vn & gárden)	10 Monitoring well			
	1						✓			
_	-SW -	SE -	Was a chemica mitted	l/bacteriological sample	submitted to I		Yes; ater Well Disinfected?		o/day/yrs sample was sub- No	
5 TYPE		CASING USED:		5 Wrought iron	8 Concre	ete tile	CASING JOINT	S: Glue	d Clamped	
Stee		3 RMP (S	R)	6 Asbestos-Cement		(specify below	,		ed	
2)PVC		4 ABS	iŋ. to	7 Fiberglass 77 ft Dia			ft Dia		aded ft.	
	ū	and surface		in., weight	ch40		lbs./ft. Wall thickness	or guag	e No	
TYPE OF	SCREEN O	R PERFORATIO			⊘ ⊵∨		10 Asbes			
1 Stee 2 Bras		3 Stainles 4 Galvania		5 Fiberglass 6 Concrete tile	8 RM 9 AB	1P (SR) S	11 Other of the control of the contr		en hole)	
		RATION OPENII			ed wrapped		8 Saw cut		11 None (open hole)	
	itinuous slot		/ill slot	6 Wire	wrapped		9 Drilled holes			
2 Lou	vered shutte	er 4 K	Key punched	7 Torch			` ' ' '		ft.	
SCREEN-	PERFORAT	ED INTERVALS		ft. to	10	ft., From		ft. to	ft.	
(GRAVEL PA	CK INTERVALS	S: From	16,5 ft. to	78	ft., From		ft. to	ft.	
			From	ft. to		ft., From		ft. to	ft.	
6 GROL	JT MATERIA		at cement	2 Cement grout	3 Bent	onite				
Grout Inter	rvals: Fro	m 0,5	ft. to .76	ft., From	ft. t	o	ft., From		ft. toft.	
		ource of possible		- Di			tock pens		bandoned water well	
	otic tank ver lines	4 Late 5 Cess	ral lines	7 Pit privy 8 Sewage	agoon		el storage 15 Oil well/Gas well ertilizer storage 16 Other (specify below)			
		er lines 6 Seer	•	9 Feedyard			ticide storage	Ĭ	andfill	
Direction for	_		F3- F			How man	-			
FROM	ТО		LITHOLOGIC	LOG	FROM	TO	PLUG	GING IN	TERVALS	
Ò	[]		Silty do							
	18	Interbo	edded Sh	dle & limeston	٤					
7		 	-DIO CEDTITIO	TION TI:		-11 (2)			La	
CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year)										
		s Licence No	510					69	13702	
		ne of AQU	40eil	INC.			signature))بع	Bolisa	
INSTRUC	TIONS: Use tvp	ewriter or ball point pe	en. PLEASE PRESS E	IBMLY and PRINT clearly. Please	fill in blanks, und	derline or circle the	correct answers. Send top th	ree copies	to Kansas Department of Health	