## CORRECTION(S) TO WATER WELL RECORD (WWC-5) (to rectify lacking or incorrect information) County: \_\_\_\_\_\_ Shawnee

Location changed to:

15-105-15E

| Fraction ( 1/4 1/4 1/4):           | None Given | ME | NE SE |
|------------------------------------|------------|----|-------|
| -                                  |            |    |       |
| Other changes: Initial statements: |            |    |       |

Location listed as:

Comments: Rolling Mradows Recycling & Disposal Facility,

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: 5/5/2003

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     | lo                                       |              |                               |
|--|-------------------------------|----------------------------|---------------------|--------------------------------------|-----------------------|----------------|--|--------------|-------------------------------|
|  | Shav                          | ATER WELL:<br>JNEE         | Fraction 1/4        | 1/4                                  | Se<br>1/4             | ction Number   | Township No                              | umber<br>S   | Range Number                  |
|  | ind direction                 | from nearest to            | we or city street a | address of well if located na Meadow | within city?          | F Tag          | eka KS                                   |              |                               |
|  | R WELL OW                     | NER: Call                  | na Meada            | WS RDF 40                            | Aguat                 | 29:0100        |  |              | <del>,</del>                  |
| RR#, St. A   | ddress, Box<br>, ZIP Code     | :# :698                    | ow is               | 3rd, 5t,                             | O                     | 914            | Board of Ag<br>Application               |              | Division of Water Resources   |
| 3 LOCATE   | WELL'S LO                     | OCATION WITH               |                     | OMPLETED WELL                        |                       | ft. ELEVA      | TION:                                    |              |                               |
| AN "X" I   | N SECTION                     | BOX:                       |                     |                                      |                       |                |  |              | }ft.                          |
|  | N                             | 1                          | WELL'S STATION      | C WATER LEVEL                        | ft. bel               | ow land surfac | ce measured on mo.                       | /day/yr      |                               |
|  | i                             | i                          |                     |                                      |                       |                |  |              | pumpinggpm                    |
| -  | -NW                           | NE                         |                     | 0.                                   | r was<br>Public water |                | 8 Air conditioning                       |              | njection well                 |
|  | 1                             | 1                          | 1 Domestic          | 3 Feedlot 6                          | Oil field wate        | r supply       | 9 Dewatering                             | 12 (         | Other (Specify below)         |
| w —  |                               | E                          | 2 Irrigation        | 4 Industrial 7                       | Domestic (la          | wn & garden)   | 10 Monitoring well                       |              |                               |
|  | 1                             | 1                          |                     |                                      |                       |                |  |              |                               |
| -  | -SW                           | SE                         | Was a chemica       | l/bacteriological sample             | submitted to          | Department?    | Yes No .X                                | .; If yes, n | no/day/yrs sample_was sub-    |
|  | 1                             |                            | mitted              |                                      |                       | W              | ater Well Disinfecte                     | d? Yes       | No                            |
|  | S                             |                            |                     |                                      |                       |                |  |              |                               |
| 5 TYPE   | OF BLANK                      | CASING USED:               |                     | 5 Wrought iron                       | 8 Concr               | ete tile       | CASING JOI                               | NTS: Glue    | d Clamped                     |
| Stee   |                               | 3 RMP (S                   | R)                  | 6 Asbestos-Cement                    | 9 Other               | (specify below |  | Weld         | ded                           |
|  |                               | 4 ABS                      | 1                   | 7 Fiberglass                         |                       |                |  |              | aded                          |
| Blank casi   | ng diameter                   |                            | lin. to             | <b>!!</b> ft., Dia                   | 911                   | in. to         | ft., Dia                                 |              | ft.                           |
|  |                               |                            |                     | in., weight                          |                       | ·              |  |              |                               |
|  |                               | R PERFORATIC<br>3 Stainles |                     | 5 Fiberglass                         | <b>⊘</b> P\           | /C<br>MP (SR)  |  | estos-Cen    | nent<br>')                    |
| 1 Stee<br>2 Bras   |                               | 4 Galvaniz                 |                     | 6 Concrete tile                      | 9 AE                  |                |  | e used (or   | •                             |
|  |                               | RATION OPENI               |                     |                                      | ed wrapped            |                | 8 Saw cut                                | (-)          | 11 None (open hole)           |
|  | itinuous slot                 | _                          | fill slot           |                                      | wrapped               |                | 9 Drilled holes                          |              | i i None (open noie)          |
|  | vered shutte                  |                            | ley punched         | 7 Torch                              |                       |                |  | )            | ft.                           |
| SCREEN-  | PERFORAT                      | ED INTERVALS               |                     | <b>16</b> ft. to                     | 77                    | ft From        |  | ft to        | ft.                           |
|  |                               |                            |                     | ft. to                               |                       | ft., From      |  | ft. to       | ft.                           |
| (  | GRAVEL PA                     | CK INTERVALS               |                     |                                      |                       |                |  |              |                               |
|  |                               |                            | From                | tt. to                               | ••••••                | ft., From      |  | ft. to       | ft.                           |
| 6 GROU   | JT MATERIA                    | AL: 1 Nea                  | t cement            | 2 Cement grout                       | 3 Ben                 | tonite         | 4 Other                                  |              |                               |
| Grout Inter  |                               | m 0.5                      | ft. to <b>15</b>    | .5. ft., From                        | ft.                   | to             | ft., From                                |              | ft. toft.                     |
| What is the  | e nearest so                  | urce of possible           |                     |                                      |                       |                | tock pens                                |              | Abandoned water well          |
| 1 Sep  | otic tank                     | 4 Late                     | ral lines           | 7 Pit privy                          |                       | 11 Fuels       | storage                                  | <u>1</u> 5 C | Dil well/Gas well             |
| 2 Sev  | ver lines                     | 5 Cess                     | s pool              | 8 Sewage                             | lagoon                | 12 Fertili     | tilizer storage 16 Other (specify below) |              | Other (specify below)         |
| 3 Wa   | tertight sewe                 | er lines 6 Seep            | oage pit            | 9 Feedyard                           | ł                     | 13 Insec       | ticide storage                           |              | andfill                       |
| Direction fr   | rom well?                     |                            |                     |                                      |                       | How mar        | ny feet?                                 |              |                               |
| FROM   | TO                            |                            | LITHOLOGIC          | LOG                                  | FROM                  | ТО             | PLU                                      | GGING IN     | ITERVALS                      |
| 0_   | 9                             | Sandy                      | silty cl            | ay                                   |                       |                |  |              |                               |
| 9  | 15                            | Interbed                   | ded shale           | * limestone                          |                       |                |  |              |                               |
|  |                               |                            |                     | •                                    |                       |                |  |              |                               |
|  |                               |                            |                     |                                      |                       |                |  |              |                               |
|  |                               |                            |                     |                                      |                       |                |  | ···          |                               |
|  |                               |                            | - B-                |                                      |                       |                |  |              |                               |
| ****   |                               |                            |                     |                                      |                       |                |  |              |                               |
|  |                               |                            |                     |                                      |                       |                |  |              |                               |
|  |                               |                            |                     |                                      |                       |                |  |              |                               |
|  |                               |                            |                     |                                      |                       |                |  |              |                               |
|  |                               |                            |                     |                                      |                       |                |  |              |                               |
|  |                               |                            |                     |                                      |                       |                |  |              |                               |
|  | l-                            |                            | <u> </u>            |                                      |                       |                |  |              |                               |
| 7  | A0707:2                       |                            |                     |                                      |                       |                |  |              |                               |
| 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) |                               |                            |                     |                                      |                       |                |  |              |                               |
| Water Moil   | או (ino/day/)<br>Contractor's | /ear)<br>s Licence No      | 570                 | This Water                           | Well Books            | and this re    | cora is true to the be                   | *4/31        | owledge and belief. Kansas    |
|  | usiness nan                   |                            | ADRILL,             | INC.                                 | vven necord           | was complete   | signature)                               |              | Re.                           |
|  |                               |                            |                     | RMI Y and PRINT clearly Please       | fill in blanks up     | All .          |  | three corion | to Kansas Dagartman of Health |