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

(to rectify lacking or incorrect information)

Location listed as:	Location changed to:
Section-Township-Range: 34-105-33 W	34-105-25E
Fraction (1/4 1/4 1/4):	NW SE SE
Other changes: Initial statements:	
Changed to:	
Comments:	
-	
verification method: Written & legal descript	
plat map, and North Kansas Ci	ty 1:24,000 topo. map.
	initials: DRL date: 5/20/2005

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.

4-water		WAT	ER WELL B	ECORD	Form W	WC-5	KSA 82a	s-1212						
1 LOCATION OF WATE	WATER WELL: Fraction					Form WWC-5 KSA 82a-1212 Section Number Township N					lumber Range Number			
County: Wyandot		NW			SE 1/4		34	Т	10	S	R	33	⊠ /W	
Distance and direction for	rom nearest tov	wn or city street	address of v	well if loca	ated within o	city?								
Donovan &		l Blvd.;	Kansas (City,	Kansas									
2 WATER WELL OWNER: Phillips Petroleum														
RR#, St. Address, Box # : P.O. Box 15036 Board of Agriculture, Division of Water Resources														
City, State, ZIP Code : Kansas City, Kansas 66115 Application Number:														
3 LOCATE WELL'S LOCATION WITH 4 DEPTH OF COMPLETED WELL. 53.6. ft. ELEVATION: 741														
Depth(s) Groundwater Encountered 144ft. 2ft. 3ft.														
WELL'S STATIC WATER LEVEL . 13.8 ft. below land surface measured on mo/day/yr														
Pump test data: Well water was42.4 ft. after hours pumping482 gpm Est. Yield														
	Bore Hole Diameter . 36													
N I	E	WELL WATER						8 Air con			Injection			
	<u>i</u>	1 Domesti	c 3 Fe	eedlot			ter supply		•		•		low)	
sw -	SE	2 Irrigation	n 🐠 In	dustrial			arden only		_					
	i	Was a chemica	al/bacteriologi	ical sampl	e submitted	to De	epartment? Y	es	.NoX	; If yes	, mo/day/	yr sample	was sub-	
<u> </u>		mitted					Wa	ter Well D	isinfected	? Yes	X	No		
5 TYPE OF BLANK CA	SING USED:		5 Wrough	ht iron			ete tile		ING JOIN	ITS: Glue	d	. Clamped	1	
Steel	3 RMP (Si	R)	6 Asbest	os-Cemer	nt 9 C	ther	(specify below	w)		Weld	led	X		
2 PVC	4 ABS		7 Fibergl											
Blank casing diameter .														
Casing height above land surface														
1 Steel	3 Stainless		5 Fibergl	000		7 PV	IP (SR)			stos-ceme				
2 Brass	4 Galvaniz		6 Concre			9 AB	, ,			used (or				
SCREEN OR PERFORA			o concre		uzed wrapp		5	8 Saw		useu (or	,		hole)	
1 Continuous slot		ill slot									11 1401	ic (open		
1 Continuous slot 3 Mill slot 6 Wire wrapped 9 Drilled holes 2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify)														
SCREEN-PERFORATED INTERVALS: From														
Fromft. toft., From ft. toft.														
GRAVEL PACI	K INTERVALS:		14			6	ft., Fro						- 1	
6 GROUT MATERIAL:	4 None	From	Cement	ft. to				m			to		14	
Grout Intervals: From			_	•				Other					· · · · · · · · · · · · · · · · · · ·	
What is the nearest sou	-	_	4	rioni		π.		tock pens	F10111		bandone		1	
1 Septic tank	4 Later		7	Pit privy			1 Fuel				Dil well/Ga			
2 Sewer lines	5 Cess			Sewage la	agoon				е	16 Other (specify below)				
3 Watertight sewer	r lines 6 Seep	age pit		Feedyard	Ū			Insecticide storage						
Direction from well?	all arou						How ma	ny feet?	25					
FROM TO		LITHOLOGIC			FRO		TO			ITHOLOG		<u> </u>		
0.0 12.0		clay, very			43		45.0		ned. s	and, t	race	rine s	and	
12.0 15.0		y fine to	fine sar	nd	45 46		46.5	Same			and	+*>~	. aand	
15.0 16.5	Same				47		47.5 55.0	Same	ers, c	oarse	sand,	LIACE	sand	
16.5 20.0	Same				55		55.5	Limest	tone	hard				
20.0 21.5 21.5 23.0	Same Same	, .			55		Total	Depth	,	u				
23.0 25.0		e to very	fine car		55									
25.0 26.5	Same	CO VELY	-446 501											
26.5 30.0	Same													
30.0 31.5	Same													
31.5 35.0	Same													
35.0 36.5	Same													
36.5 40.0	Same												(
40.0 41.5	Same													
41.5 43.0	Same													
7 CONTRACTOR'S OF		R'S CERTIFICAT	TION: This w	vater well										
completed on (mo/day/year)														
	_	i02 ne-Western				d wa		1 1	Y/33/17- (, , , , , , , , , , , , , , , , , , ,	11/04			
under the business name						clear	by (signative Please fill in	ture)		or circle	e Orrect	answere	Send ton	
INSTRUCTIONS: Use typewriter or ball point pen, PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks, under the or circle the correct answers. Send top three copies to Kansas Department of Health and Environment, Division of Environment, Environmental Geology Section, Topeka, KS 66620. Send one to WATER WELL											ER WELL			
OWNER and retain one for your records.														