| | MW | z8 |
|----------|----|-------------|
| andotte | | |
| 25 E | | |
| SW | | _ |
| based | 0- | - |
| nc /rlCo | rd | - |

| (to rectify facking of incorrec | County: Wyandotte |
|--|---------------------------------|
| Location listed as: | Location changed to: |
| Section-Township-Range: Mone Given | 27-10-25E |
| Fraction (1/4 1/4 1/4): | SE SE SW |
| Other changes: Initial statements: MW 28 | |
| well record one. placed in 34-10 address of week on www.c.s. | -25E by KGS based or |
| comments: Well location taken of submitted with laftong | rom plugging record |
| verification method: | |
| | initials: DIS date: \$18/20 LON |

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

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.

| WATEI | R WELI | RECOR | D | Form WW | /C-5 | Division of Wat | er Resources; App. No. | |
|--|---------------------------|-------------------------------------|----------------------------------|---|------------------------------|--------------------------|--|---------------------|
| 1 LOCATION OF WATER WELL: | | Fraction | 1/4 | Section Number | Township Number T S | Range Number R E/W | | |
| Distance and direction from nearest town or city located within city? | | | ty street address o | f well if | | g Systems (decimal deg | | |
| IN ROAD | ed within co | ity? 20 | KANSAS CIT | Y KANSA | S | | | |
| 2 W 4 | TER WEI | I. OWNER | END FILE | | | Longitude: | | |
| RR# | , St. Addre | ess, Box# | : 1200 WIL | ian lake | E RO | Datum: | | |
| City, | State, ZIF | ? Code | : ST. PAUL | , MN 5 | 5110 | Data Collection | | |
| | ATE WE | LL'S 4 D | EPTH OF COME | PLETED WELL | يخ | 33 ft | • | |
| | ATION H AN "X' | , IN Der | ath(s) Groundwater | Encountered (| 1) | ft (2) | ft (3) | , Aft |
| | TION BO | \mathbf{X} : WE | LL'S STATIC WA | TER LEVEL | 2 <i>3.</i> 75 ft | below land surfac | ft. (3) e measured on mo/day | /yr 5/15/06 |
| | N | | Pump test data | : Well water was | | ft. after | hours pumping | gpm |
| | | | | | | | hours pumping | |
| | V NE | $ \Big _{E} \Big _{1}^{WE}$ | Omestic 3 Fee | E USED AS: 5 P dlot 6 Oil f | ublic water ield water si | supply 8 Air upply 9 Dev | conditioning 11 Injury | her (Specify below) |
| w H | | | rigation 4 Ind | ustrial 7 Dom | estic (lawn | & garden) 10 Mo | nitoring well | |
| SW | / SE | ,,, | | | | | | 70 (1) |
| | | | | | | | No; Yes No 🔀 | |
| | S | San | ipie was subilitied | • | wat | er wen disinfected. | 103 110 2.3 | ••• |
| 5 TYPE | E OF CAS | ING USED | : 5 Wrought | fron 8 C | oncrete tile | CASIN | G JOINTS: Glued | Clamped |
| | Steel | 3 RMP (SR | .) 6 Asbestos- | Cement 9 O | ther (specify | y below) | Welded | |
| $\begin{bmatrix} 2 \end{bmatrix}$ | PVC) | 4 ABS 2 | 7 Fiberglass | ft Diamatan | | : | Threaded, Diameterickness or guage No. | |
| Casing h | ising diam ieight abov | eter . ze land surfa | ce | in., Diameter. in Weight | | lbs./ft. | ickness or guage No. | SOFENIE 40 |
| TYPE O | F SCREE | N OR PERF | ORATION MATE | RIAL: | | | | • |
| | Steel | | Steel 5 Fiber | | | ABS | | |
| | Brass VOR PER | | ed Steal 6 Conc LOPENINGS ARE | | (SR) 10 | Asbestos-Cement | 12 None used (open | nole) |
| 10 | Continuou | s slot (3 N | fill slot 5 Gu | azed wrapped – | 7 Torch cut | 9 Drilled holes | 11 None (open by | ole) |
| 2] | Louvered s | shutter 4 K | ey punched 6 W | ire wrapped | 8 Saw Cut | 10 Other (speci | fy)ft. to | 3207 |
| SCREET | N-PERFOI | RATED IN | ERVALS: From | It. 1 | to | ft From | ft. to | It. |
| | GRAVEL | PACK INT | ERVALS: From. | 21 ft. | to3 | 3 ft., From | ft. to ft. to | ft. |
| | | | From. | ft. 1 | to | ft., From | ft. to | ft. |
| 6 GRO | UT MATI | ERIAL: 1 | Neat cement 6 | Cement grout) (3 | Bentonite | 4 Other | | |
| Grout In | tervals: | From | G ft. to | Z./ ft., From | | . ft. to | ft., From | ft. toft. |
| What is the nearest source of possible contamination: | | | | | | | | |
| 1 Septic tank 4 Lateral lines 7 Pit privy 10 Livestock pens 13 Insecticide Storage 16 Other (specify 2 Sewer lines 5 Cess pool 8 Sewage lagoon 11 Fuel storage 14 Abandoned water well below). | | | | | | | | |
| 1 | | sewer lines | | 9 Feedyard | | | il well/gas well | XI/A |
| | | 11? | | | | ny feet? | | |
| FROM | 70 /O | BONIN | LITHOLOGIC | | FRON | M TO | PLUGGING INT | ERVALS |
| 10 | 20 | | SLIGHTLY N | | <u>n</u> | B | 15ED ON SE | 3-42 |
| 20 | 25 | CLAYE | Y SILT/SIL | | | | | |
| 25 | 33 | Brow | w net s | エクシ | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| 7.00 | D A CITICAL | DIG OR LA | NDOWNEDIG CE | | TI : | 11 (1) | 1 (2) | 1 (2) 1 1 |
| 7 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) | | | | | | | | |
| Kansas Water Well Contractor's License No | | | | | | | | |
| under the business name of Max by (signature) | | | | | | | | |
| INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in tarks, underline or circle the correct answers. Send top three copies to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone | | | | | | | | |
| 785-296-5 | 522. Send | d one to W | ATER WELL OWN | | | | .00 for each constructed | |
| nπp://www | v.kune.state.k | s.us/geo/water | wells. | | | | | |

| WATER WELL RE | CORD | Form WWC | -5 | Division | of Water | r Resources; App. No. | mw-28 |
|--|--|----------------------------|--|---|---------------------------------|--|--|
| LOCATION OF W. | ATER WELL: | Fraction 54 | 1/4 | Section Nu | recorded market rath formula of | Township Number | Range Number R 25 (E)W(|
| Distance and direction located within city! | n from nearest town or c | ity street address of w | ell if | Latitude: | | Systems (decimal deg | |
| W ROAD SE OF | INED. LLQ 27 X / | ry, Kansas | | Longitude | | The state of the s | The state of the s |
| RRE St Address Bo | 1200 WI | was wife | RU | Elevation: Datum: | e no men nontromation of | | |
| City, State, ZIP Code | ST. PAUL | _ MN 55 | 10 | Data Colle | ection ? | Method: | |
| 3 LOCATE WELL'S LOCATION | 4 DEPTH OF COM | PLETED WELL | 3 | 3 | ft. | | |
| WITH AN "X" IN SECTION BOX: | Est. Yieldgpi WELL WATER TO I | ATER LEVEL | he water su | below land ft. after ft. after supply apply | surface 8 Air c 9 Dew | measured on mo day hours pumping hours pumping. conditioning 11 Inj atering 12 Ot | gpm ection well her (Specify below) |
| SW SE | Was a chemical/bacte Sample was submitted | riological sample sub | mitted to l | Department? | Yes. | No × | If yes, mo/day/yrs |
| 5 TYPE OF CASING I | IP (SR) 6 Asbestos | -Cement 9 Othe | r (specify | below) | | JOINTS: Glued Welded | |
| 2 PVC 4 AB: Blank easing diameter. Casing height above land | S 2 7 Fiberglas | j ft Diameter | | n to | | Threaded | |
| Casing height above land | surface. | in . Weight | · · · · · · · · · · · · · · · · · · · | ibs.ft. \ | Wall this | kness or guage No. | SOKEWIE 40 |
| TYPE OF SCREEN OR | PERFORATION MAT | ERIAL: | | | | | |
| i | inless Steel 5 Fibe | | | ABS | | 11 Other (Specify) | |
| 2 Brass 4 Ga SCREEN OR PERFORA | | crete tile = 8 RM (SI | C) 10 / | Asbestos-Ce | ment | 12 None used (open | (hole) |
| | | iuazed wrapped 7 T | orch cut | 9 Drilled | boles | 11 None (open by | ole)_ |
| 2 Louvered shutter | 4 Key punched 6 V | Vire wrapped 83 | Saw Cut | 10 Other | (specify | 11 None (open by | 5001 |
| 2 Louvered shutter SCREEN-PERFORATE | D INTERVALS: From | 23 it. to | 33 | a. F | rom | ft. te | tì. |
| | From KINTERVALS: From | ft. to | 3 | 3 ft., F | rom | ft. to | ft. |
| GRAVELPACI | CINIERVALS: From | fr. to | | ti., F | rom | ft. to | |
| | rom | ft. to | | n r | rom | II. le | |
| 6 GROUT MATERIAL | L: Neat cement C | Cement grout) (3 Bc | ntonite | 4 Other | | | |
| Grout Intervals: Fro | | 2 / ft., From | | ft. to | fi. | ., From | ft. toft. |
| What is the nearest source | | | | | | | |
| 1 Septic tank 2 Sewer lines | 4 Lateral lines 5 Cess pool | , , | 10 Liveste 11 Fuel st | | | ecticide Storage andoned water well | 16 Other (specify |
| 3 Watertight sewer | * | ~ • | | orage er Storage | | well/gas well | KI/A |
| Direction from well? | | • | | y feet? | | | |
| FROM TO | LITHOLOGIC | CLOG | FROM | | | PLUGGING INT | ERVALS |
| | OWN, STIFF, CL | | ļ | - | | | |
| | N SLIGHTLY | MODSI STAND | ļ | - | 100 | 520 ON OB | 742_ |
| and the same of th | MEY SILT/SI | | | - | | | |
| 25 33 B | conn NET : | SAND | ļ | | 39 | 06 21.11 | |
| | | | + | | | 08 34.61 36 50.49 | |
| | | | | | 17 | 30.77 | |
| | The state of the s | | | 1 | 39.1 | 424 | The state of the s |
| | | | | | 4- 6 | | |
| | ALEXANDER OF THE PROPERTY OF T | #1 MALES | | | | | |
| 7 CONTRACTOR'S OF | | | | | | | |
| under my jurisdiction and Kansas Water Well Contr | | gavycar) | uand | this record i | is true to | the best of my know | rledge and belief. |
| under the business name | | or p This water | | ford was con (signature) | | | |
| INSTRUCTIONS: Use typew | rifer of ball point pen. PLE | ISE PRESS FIRML) and I | PRINT clear | v. Please fill | in branks. | underline or circle the ec | priect answers. Send ton |
| three copies to Kansas Departm | ient of Health and Environme | nt, Bureau of Water, Geolo | gy Section. | 1000 SW Jack | son St., St | iite 420. Topeka, Kansas i | 66612-1367. Telephone |
| 785-296-5522. Send one http://www.kdhe.state.ks.us/geo | to WATER WELL OWN Owgterwells | erin and retain one fo | your re | cords. Fee | oi 35.0 | v for each <u>constructed</u> | well. Visit us at |