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

(to rectify lacking or incorrect information)							
Location listed as:	County: Uyandotte  Location changed to:						
Section-Township-Range: 27-405-25E	27-105-25E						
Fraction ( 1/4 1/4 1/4): <b>SW SW</b>	SW SW						
Other changes: Initial statements:							
Changed to:							
Changed to:							
Comments:							
verification method: Wellsite address, city	x street map, legal						
description, position on plat map, o	ther monitoring wells at same						
verification method: Wellsite address, city description, position on plat map, of location for same owner, mapping tool or	a KGS website date: 410/2009						
submitted by: Kansas Geological Survey, Data Resources Library, 1930 Cor	nstant Ave., Lawrence, KS 66047-3726						
to: Kansas Dept of Health & Environment, Bureau of Water, 1000 SW Jacks	son, Suite 420, Topeka, KS 66612-1367.						

	W	ATER WELL REC	ORD Form	WWC-5	KSA 82a-1	1212 ID No	_ HS- a	(15		
1 LOCATION OF V		Fraction			Sec	tion Number	Township Nur	mber	Range Nu	mber
	dotte	SW 1/4	SW 14	1/4		27	T 40	S	R 25	(E)W
Distance and direction	n from nearest to	wn or city street a	address of well i	f located w	rithin city?					
3159		Koad		_						
2 WATER WELL O	WNER: Jeron		.33	$\infty/33c$	0 Kanau	sha Turn	pike			
RR#, St. Address, Bo City, State, ZIP Code		i Carbide (j wl. 83101	orp Soi	dh Chai	ileston, u	0V <sub>3530</sub>	Board of Agri Application N		vision of Water I	Resources
3 LOCATE WELL'S			OMPLETED W		15	ft. ELEVA	TION:			
AN "X" IN SECTIO			ndwater Encoun	tered 1		ft.	2	ft. 3 .		ft.
	N .	WELL'S STATI	C WATER LEVE	L	ft. belo	w land surfac	e measured on mo/o	day/yr		
	1						ifter			
NW	NE		TO BE USED A		was ublic water s		after  8 Air conditioning		ection well	gpm
1		1 Domestic			il field water		9 Dewatering	<b>^ ^ '</b>	ther (Specify bel	ow)
w	<del>                                     </del>	2 Irrigation	4 Industria	al 7D	omestic (law	n & garden)	10 Monitoring well .	Arc	~/h ///	•••••
1	1						V	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	spen of	
SW	SE		al/bacteriologica	l sample sı	ubmitted to [		′esNo <b>X</b>		o/day/yrs sample	was sub-
<b>X</b> !		mitted				Wa	ater Well Disinfected	d? Yes	(N	9)
	S									
5 TYPE OF BLAN	CASING USED	:	5 Wrought iro	n	8 Concre				I Clampe	
1 Steel	3 RMP (S	SR)	6 Asbestos-C	ement	,	specify below		Welde	ed Flus	<b>h</b>
②VC Blank casing diamet	4 ABS		7 Fiberglass	9 Di-				Inrea	ided	£.X
		4 \					lbs./ft. Wall thicknes			
Casing height above TYPE OF SCREEN		_	in., weignt		<b>(7)</b> PV			estos-Cem		
1 Steel	3 Stainles		5 Fiberglass			IP (SR)				
2 Brass	4 Galvani		6 Concrete til	e	9 AB			e used (op		
SCREEN OR PERF	ORATION OPENI	NGS ARE:		5 Guaze	d wrapped		8 Saw cut		11 None (open	hole)
1 Continuous s	_	Mill slot		6 Wire wrapped 9 Drilled holes			9 Drilled holes			
2 Louvered shu		Key punched		7 Torch			10 Other (specify)			
SCREEN-PERFOR	ATED INTERVALS	6: From	73	ft. to	14	ft., From		ft. to		ft.
00.00	34 OK INTERVAL	From	75	ft. to	77.2	ft., From	72	ft. to	71	ft.
GRAVEL	PACK INTERVALS	From		ft. to		ft., From		ft. to		ft.
6 GROUT MATER		at cement	(2)Cement		3)Bent		4 Other			
Grout Intervals: F	•		ft., Fror	n	ft. t					
What is the nearest	•						tock pens		bandoned water	well
	4 Late			Pit privy		11 Fuel s			il well/Gas well	
2 Sewer lines		ss pool 	8 Sewage lag		agoon 12 Fertilizer s 13 Insecticide		-	-		ow)
	wer lines 6 See	epage pit	9 Feedyar		How many		•			
Direction from well?	T	LITHOLOGIC	0100		FROM	TO		GGING IN	TEDVALS	
FROM TO	0- 0-	A LAND DE	C LOG	1	FHOIVI	10	FLO	GGING IIV	TERVALO	
0 11	1XOUN	CLAY WO SAND Med F to	graver + 3						11 - 12 - 12 - 12 - 12 - 12 - 12 - 12 -	
11 16	proun	240D	E SAIN							
16 75	dish 1	THEA P TO	r SHUL							
										.,
7 CONTRACTOR'S	OR LANDOWN	ER'S CERTIFICA	ATION: This wat	er well wa	s (1) constru	ucted, (2) reco	onstructed, or (3) pl	ugged und	ler my jurisdiction	n and was
completed on (mo/da	v/vear) 11 /	151 2000				and this re	cord is true to the be	st of mv.kr	owledge and be	lief. Kansas
Water Well Contract	or's Licence No	65B	T	his Water \	Well Record	was complete	ed on (mo/day/yr)	12,1,1	0/2002	
under the business r	iame of Box	rt Longi	year (O	mpan	1	by (	(signature)	The -	My	
INSTRUCTIONS: Use	typewriter or hall point	nen PLEASE PRESS	FIRMLY and PRINT	learly Please	Il in blanks und	derline or circle the	correct answers. Send to	n three conies	to Kansas Departme	nt of Health

INSTRUCTIONS: Use typewriter or ball point pen. <u>PLEASE PRESS FIRMLY</u> and <u>PHINT</u> cleany. Please fill in blanks, underline or circle the correct answers. Send top three copies to kansas Department of and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-5522. Send one to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each <u>constructed</u> well.