CORRECTION(S) TO WATER WELL (to rectify lacking or incorrect	information)
Location listed as:	County: Wyandotte  Location changed to:
Location listed as.	
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:	
Comments:	
verification method: Wellsite address, cit	y street map, legal
description, position on plat map, o	ther monitoring wells at same
verification method: Wellsite address, cit; description, position on plat map, o location for same owner, mapping tool o	KGS website date: 410/2009
submitted by: Kansas Geological Survey, Data Resources Library, 1930 Con	

to: Kansas Dept of Health & Environment, Bureau of Water, 1000 SW Jackson, Suite 420, Topeka, KS 66612-1367.

,	WATER WELL RECOR	D Form WWC-5	KSA 82a-1	212 ID No.	A5- 2	17
1 LOCATION OF WATER WELL:	Fraction		Sect	on Number	Township Numb	er Range Number
County: Wandotte	SW 1/4	SW 1/4 1/4		27	1 40	s R 25 Dw
Distance and direction from nearest		ress of well if located v	vithin city?			
3150 Dodge	Road					
2 WATER WELL OWNER: Jeno	me Cibrik			ausha Tur	npike	
RR#, St. Address, Box # : Unic	or Carbide Cer	D South Chi	arkston,	$\omega_{\lambda}$	Board of Agricul	Iture, Division of Water Resource
City, State, ZIP Code : (30)	BOX 8361	•	án	25303	Application Nun	
3 LOCATE WELL'S LOCATION WIT						
AN "X" IN SECTION BOX: N	Depth(s) Groundw					ft. 3 ft.
1 1						//yr gpi
						nours pumping gpi
- NW NE	WELL WATER TO		ublic water su		Air conditioning	Injection well
W	1 Domestic 2 Irrigation	3 Feedlot 6 C 4 Industrial 7 D	il field water:	supply 9	Dewatering Monitoring well	12 Other (Specify below)
W	2 inigation	4 maasman 7 L	onesiic (iawi	ra garderij ro	Worthorning well	Air Sparge
	Man a shaminal/ha	estevialesiaal samala a	ubmittad ta D	anartmant? Va	. No <b>X</b> . 16	yes, mo/day/yrs sam <u>ple</u> was sul
X	mitted	icteriologicai sample s	upmilled to D	•	er Well Disinfected?	
<b></b>	Timed			· · ·	or vrom Biominostoa.	
S TYPE OF BLANK CACING LICE	D. 5	Minarcht iron	8 Concret	a tila	CACING IOINTO	Clowd Clowned
5 TYPE OF BLANK CASING USE 1 Steel 3 RMP		Wrought iron Asbestos-Cement		e tile specify below)	CASING JOINTS	S: Glued Clamped
12)PVC 4 ABS	7	Fiberglass				Threaded
Blank casing diameter	in. to	<b>79</b> ft., Dia		in. to	ft., Dia	fin. to
Casing height above land surface	( )					or guage No
TYPE OF SCREEN OR PERFORAT	TION MATERIAL:		(7)°VC		10 Asbesto	
1 Olecci		Fiberglass	8 RMI		,	Specify)
Z Diass		Concrete tile	9 ABS	•	12 None u	sed (open hole)
SCREEN OR PERFORATION OPE			ed wrapped		8 Saw cut	11 None (open hole)
	Mill slot	7 Torch	vrapped cut		9 Drilled holes 10 Other (specify)	
	Key punched					ft. to
SCREEN-PERFORATED INTERVA	LS: From	ft to	/	π., From ft From		ft to
GRAVEL PACK INTERVA	LS: From	O ft. to	77	ft., From	77	ft. to
						ft. to
6 GROUT MATERIAL: 1 N	leat cement (	2 Cement grout	(3)Bento	nite 4	Other	
Grout Intervals: From	ft to	ft From	ft to			ft. to
What is the nearest source of possi	ble contamination:			10 Livesto	ck pens	14 Abandoned water well
1 Septic tank 4 La		7 Pit privy		11 Fuel sto	•	15 Oil well/Gas well
	ess pool	8 Sewage I	agoon	12 Fertilize	•	16 Other (specify below)
3 Watertight sewer lines 6 S	•	9 Feedyard	•	13 Insectic	•	
Direction from well?		•		How many	feet?	
FROM TO	LITHOLOGIC L	OG	FROM	то	PLUGG	ING INTERVALS
O II Brown	CLAY W/ 9m	wel + Sand				
11 16 Brown						
	Med F to F	SAND				
	- Albert - Top					
CONTRACTOR'S OR LANDOW completed on (mo/day/year)	NER'S CERTIFICATION	N: This water well wa	(1) constru	cted, (2) recon	structed, or (3) pluge	ged under my jurisdiction and w
completed on (mo/day/year)l.l Water Well Contractor's Licence No	113/2000	Th:- 14/-7	<b>V</b>	and this reco	ord is true to the best of	of my knowledge and belief. Kans
Λ		A /	vveii Hecord \		on (mo/day/yr) gnature)	1/1/
under the business name of	oart Longi		yary		7000	1 19
INSTRUCTIONS: Use typewriter or ball point and Environment, Bureau of Water, Geology	nt pen. <i>PLEASE PRESS FIRM</i> y Section, 1000 SW Jackson S	<u>LY</u> and <u>PHINT</u> clearly. Please st., Suite 420, Topeka, Kansas	i tili in blanks, und 3 66612-1367. Tele	erline or circle the co ephone 785-296-552	orrect answers. Send top thr 2. Send one to WATER WE	ee copies to Kansas Department of Health ELL OWNER and retain one for your
records. Fee of \$5.00 for each constructed						,