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

Location listed as:	Location changed to:				
Section-Township-Range: 27-405-25E	27-105-25E				
Fraction (1/4 1/4 1/4): SW SW	SW SW				
Other changes: Initial statements:					
Changed to:					
Comments: Value = given for latitude	* * longitude are believed				
to be state plane coordinat	re_s .				
verification method: Well site address, city street map, legal description,					
verification method: Wellsite address, city street map, legal description, position on plat map, other monitoring wells at same location for same owner, and mapping tool on KGS website initials: Off date: 6/10/2009					
same owner, and mapping tool on KG.	Swebsite initials: Of date: 6/10/2009				
submitted by: Kansas Geological Survey, Data Resources Library, 1930 Coto: Kansas Dept of Health & Environment, Bureau of Water, 1000 SW Jack	onstant Ave., Lawrence, KS 66047-3726				

WATER WELL REG	CORD	Form WWC-5	5	Division of Wa	ter Resources; App. No.	MW-1015		
1 LOCATION OF WA	TER WELL:	Fraction		Section Number				
County: Wyard	otte	5W1/4 5W1/4	1/4	27	T 40 S	R 25 (B)W		
Distance and direction from nearest town or city street address of well if Global Positioning Systems (decimal degrees, min. of 4 digits)								
located within city? Dodge Road Latitude: 313539.15 Longitude: 22709127.23								
3120 1	songe rout	e 300/3300 Kanai	. Vh.a	Longitude: 2	270967.23			
2 WATER WELL OV	VNER: France Cibrik	e lock source	naike		44.11			
City, State, ZIP Code	x# : Whon Garbid	S. Charleston	wV	Datum:				
City, State, Zir Code	10 Det \$36)	2530	3		Method: $4P3$			
3 LOCATE WELL'S	4 DEPTH OF COME	PLETED WELL	. @C) f	t.			
LOCATION								
WITH AN "X" IN								
SECTION BOX:	WELL'S STATIC WATER LEVELft. below land surface measured on mo/day/yr							
,,	Fet Vield onn	. Well water was		ft after	hours pumping.	gpm		
	Est. Yieldgpm: Well water wasft. after hours pumpinggpm WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well							
W NW NE W E	1 Domestic 3 Fee	dlot 6 Oil field y	water si	ipply 9 De	watering 12 O	ther (Specify below)		
W - - - - -	l .	ustrial 7 Domestic						
GW GE								
SW SE	Was a chemical/bacter	iological sample submi	itted to	Department? Yes	No Y ;	If yes, mo/day/yrs		
	Sample was submitted		Wate	er well disinfected	? Yes No . 🗶	••••		
S								
5 TYPE OF CASING U	JSED: 5 Wrought 1	Iron 8 Concr	ete tile	CASI	NG JOINTS: Glued	Clamped		
	P (SR) 6 Asbestos-	Cement 9 Other	(specify	below)	Welded.			
(2) PVC 4 ABS	7 Fiberglass	·			Threade	dF./ush		
Blank casing diameter	in. to50	ft., Diameter		in. to fi	., Diameter	. in. toft.		
Casing height above land				lbs./ft. Wall th	ickness or guage No.			
TYPE OF SCREEN OR			0	A DC	11.04. (0(0			
	inless Steel 5 Fiber vanized Steal 6 Conc			ABS		n holo)		
2 Brass 4 Gal SCREEN OR PERFORA			10	Asuesius-Cement	12 None used (oper	n note)		
1 Continuous slot		auzed wrapped 7 To	orch cut	9 Drilled hole	s 11 None (open)	hole)		
	4 Key punched 6 W		w Cut		ify)			
SCREEN-PERFORATE	D INTERVALS: From.	ft. to	50	ft., From .	ft. to .	ft.		
From. ft. to ft., From ft. to ft. ft. of ft. ft. ft. ft. ft. ft. ft. ft. ft. ft								
GRAVEL PACE	CINTERVALS: From.		47	ft., From		45 ft.		
		ft. to						
COOLT MATERIAL	1 Nant coment 2	Cement grout Ben	tonito	Anthon Con	11000			
6 GROUT MATERIAL Grout Intervals: From	om ft. to	ft From	2	ft to O	ft From	ft to ft		
What is the nearest source			۰	11. 10	11., 110111	11. 1011.		
1 Septic tank	4 Lateral lines) Livest	tock pens 13 I	nsecticide Storage	16 Other (specify		
2 Sewer lines		1 2	Fuel s		Abandoned water well			
3 Watertight sewer	lines 6 Seepage pit	9 Feedyard 12	2 Fertili	zer Storage 15	Oil well/gas well			
Direction from well?				*				
FROM TO	LITHOLOGIC		FROM	1 TO	PLUGGING INT	TERVALS		
0 9 Brow	on Black CLAY w	silt +grave						
9 19 Bro		· · · · · · · · · · · · · · · · · · ·						
19 660 4	rey M-Course S	MD						
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)								
under my jurisdiction and was completed on (mo/day/year)								
Kansas Water Well Contractor's License No								
under the business name	of Boart Longue	ar Company		y (signature)				
INSTRUCTIONS: Use typey	vriter or ball point pen. PLEA	ASE PRESS FIRMLY and PR	RINT clea	rly. Please fill in blan	sks, 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 785-296-5522. Send one to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well. Visit us at								
http://www.kdheks.gov/waterwell/index.html.								