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

(to rectify tacking or incorrec	Country 11)					
Location listed as:	County: Wyandotte Location changed to:					
Section-Township-Range: 27-405-25E	27-105-25E					
Fraction (1/4 1/4 1/4):	<u> </u>					
Other changes: Initial statements:						
Changed to:						
Comments: Values given for latitude						
to be state plane coord	inates.					
verification method: Wellsite address, city street map, legal						
description, position on plat map, other monitoring wells at same location for same owner, mapping tool on thes website date: 410/2009						
location for same owner, mapping tool o	on the website date: 410/2009					
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 REC	ORD	Form WWC-	5	Division of V	Vater Resources; App. No.	MW-100H	
1 LOCATION OF WAT County: Wilando	ER WELL:	Fraction 5W ¹ / ₄	1/4	Section Number	T YO S	Range Number R 25 (E)W	
Distance and direction f	rom nearest town or cit	y street address of we	ell if C	lobal Position	ning Systems (decimal de		
located within city?	~ > > 0	•			313516,60	, , , , , , , , , , , , , , , , , , , ,	
3	150 Dodge Ro	ad	1 1		2271288.33		
2 WATER WELL OWN RR#, St. Address, Box City, State, ZIP Code	VER: Jerome Cibril	c 3300/3300 Ka	rajiha j	Elevation: _	743.35		
RR#, St. Address, Box	# : Union Carbid	relain Tur	DIRE	Datum:			
City, State, ZIP Code	PO BOX 8361	3. Warkston	7302 I	Data Collection	on Method: GP	ζ,	
3 LOCATE WELL'S	4 DEPTH OF COMP	PLETED WELL			ft G		
LOCATION			80				
1	Depth(s) Groundwater	Encountered (1)		ft. (2)	ft. (3).	ft	
	WELL'S STATIC WATER LEVELft. below land surface measured on mo/day/yr						
N	Pump test data: Well water wasft. after hours pumping						
	Est. Yieldgpm	: Well water was		.ft. after	hours pumping	gpm	
NW NE	WELL WATER TO B	E USED AS: 5 Publi	ic water su	ipply 8 A	Air conditioning 11 Inj	ection well	
W E	1 Domestic 3 Feed				Dewatering 12 Ot		
	2 Irrigation 4 Ind	ustrial 7 Domestic	c (lawn &	garden) 10 1	Monitoring well		
SW SE				_	v /		
	Was a chemical/bacteri	ological sample subm	nitted to D	epartment? Y	'es No .X ;	If yes, mo/day/yrs	
	Sample was submitted.		. Water	well disinfecte	ed? Yes	••••	
S					·		
5 TYPE OF CASING US	ED: 5 Wrought I		rete tile	CAS	SING JOINTS: Glued	Clamped	
Steel 3 RMP	(SR) 6 Asbestos-	Cement 9 Other	(specify b	pelow)	Welded Threaded	بمدير	
(2)PVC 4 ABS	7 Fiberglass				Threaded	17146h	
Blank casing diameter	2 in. to?\$.	ft., Diameter	in	. to	ft., Diameter	in. toft.	
Casing height above land s			lt	s./ft. Wall	thickness or guage No.		
TYPE OF SCREEN OR PE							
	less Steel 5 Fiber			3S	\ 1 \ \ 2/		
		rete tile 8 RM (SR)) 10 A	sbestos-Cemer	nt 12 None used (open	hole)	
SCREEN OR PERFORAT				0.5.31.11	1 1137 / 1	1.	
1 Continuous slot	JIVIIII SIOT 5 G	auzed wrapped 7 T	oren cut	9 Drilled no	oles 11 None (open h	iole)	
2 Louvered shutter 4 Key punched 6 Wire wrapped 8 Saw Cut 10 Other (specify)							
From							
GRAVEL PACK	INTERVALS: From	SS ft to	72	ft Fron	$\frac{1}{12}$ ft to	70 ft	
OldiveLinek	From	ft. to		ft Fron	n ft. to	ft.	
6 GROUT MATERIAL:	1 Neat cement 2 (Cement grout (3)Ber	ntonite (4	Other	nciete		
Grout Intervals: From	ئ ft. toو	2 ft., From	 f	t. to Q	ft., From	ft. toft.	
What is the nearest source	of possible contaminati	ion:					
1 Septic tank	4 Lateral lines		0 Livesto	-	3 Insecticide Storage	16 Other (specify	
2 Sewer lines			1 Fuel sto	-	4 Abandoned water well	below)	
3 Watertight sewer li				_	5 Oil well/gas well	• • • • • • • • • • • • • • • • • • • •	
Direction from well?							
FROM TO	LITHOLOGIC		FROM	TO	PLUGGING INT	ERVALS	
o 9 Brow	n Black CLAY	Waravel					
	on Silty Sp	MP, a					
24 49 Grey		SAUD WISIH	<u> </u>				
49 85 GR	Med to Cours	oc SAUN wygrave	!				
	•						
						-	
E CONTROL OTTOBER	I AMBONIATEDIO CE	DEIDICATION TO	l		1 1 (0)	() () ()	
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) 11/18/2006, and this record is true to the best of my knowledge and belief							
Kansas Water Well Contractor's License No This Water Well Record was completed on (mo/day/year)							
under the business name of box to payear company by (signature) INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks, 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.							