CORRECTION(S) TO WATER WEL	LL RECORD (WWC-5)
(to rectify lacking or incorrect	
Location listed as:	County: Wyandotte Location changed to:
Section-Township-Range:	35-105-25E
Fraction (¼ ¼ ¼):	NW NW SW
Other changes: Initial statements: John Son Coun	ty
/	
Changed to: Wyandotte County	Y
Comments:	
verification method: Latitude & longitude, K Legal description, and mapping	(65) "LEO" conversion tool
Legal description, and mapping	tool on KGS website.
	initials: Afdate: 5/19/2009
submitted by: Kansas Geological Survey, Data Resources Library, 1930 Co.	•
to: Kansas Dept of Health & Environment, Bureau of Water, 1000 SW Jack	Son, Suite 420, 10peka, KS 00012-1307.

WATE	R WELL R	ECORD	Form WWC	1-5	Division of	f Water	Resources; App. No.	6-224	
		VATER WELL:	Fraction		Section Num		Township Number		
	ty: Johns		NW 1/4 NW 1/4 !	5W ¼	35		T 10 'Q	R 25 @/W	
Dista	nce and directi	ion from nearest town or cit	y street address of v	well if			Systems (decimal degr	ees, min. of 4 digits)	
locate	ed within city?				Latitude: _				
A STATE OF THE STA			L:11:«		Longitude: 74.6033				
2 WA	TER WELL (DOWNERS ON DED FAIR	LA Avenue						
2 WATER WELL OWNER CONOCOPY RR#, St. Address, Box # : 4205. Kee City, State, ZIP Code : Garage			610 — 111.	Datum: Data Collection Method:					
		Jar (1250111	2,0K 7400	8 /2 /	Data Collec	ction N	vietnoa:		
	ATE WELL' ATION	S 4 DEPTH OF COMP	LETED WELL	01.97		п.			
	ATION H AN "X" IN	Depth(s) Groundwater	Encountered (1)	_	ft. (2))	ft. (3)	ft.	
	TION BOX:	WELL'S STATIC WA	TER LEVEL	ft	below land su	urface	measured on mo/day/		
	N	Pump test data	hours pumping	gpm					
	.	Est. Yieldgpm	Est. Yieldgpm: Well water wasft. afterhours pumpinggpm WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well						
T _N V	V NE	WELL WATER TO B	E USED AS: 5 Pul	blic water	supply 8	Airc	conditioning 11 Inje	ction well	
w		E 1 Domestic 3 Feed 2 Irrigation 4 Ind	dlot 6 Oil fle	id water st	ipply 9) Mon	atering 220th itoring well	L Vapor Well	
		_						•	
SV	V SE	Was a chemical/bacter	iological sample sub	mitted to	Department?	Yes	No;	If yes, mo/day/yrs	
		Sample was submitted.		Wate	er well disinfe	cted?	Yes No		
	S								
5 TYPI	E OF CASINO	G USED: 5 Wrought 1	Iron 8 Cor	crete tile	CA	ASINO	JOINTS: Glued	Clamped. 💢	
	Steel 3 R	MP (SR) 6 Asbestos-	Cement O Oth	er (specify	below)		Welded Threaded		
2	PVC 4 A	BS 7 Fiberglass 3/8 in to 5.0/12	!!	t.len.l	hkk05		Threaded		
Blank ca	asing diameter	and surface Flux	It., Diameter		in. to	II.,	brass or mage No.	$f_{\mathcal{A}}$ $f_{\mathcal{A}}$ $f_{\mathcal{A}}$	
		R-PERFORATION MATE			.105./1t. vv a	an unc	kiless of guage No		
			glass 7 PVC	9 A	ABS		11 Other (Specify) .		
2	Brass 4 C	Galvanized Steal 6 Conc	rete tile 8 RM (S			nent			
		RATION OPENINGS ARE							
	Continuous slo		auzed wrapped 7				11 None (open he		
SCREE	Louvered snut	ter 4 Key punched 6 V	7.5 ft to	Saw cut	ft Fro	om	ft to		
SCREE	N-1 ERI ORAT	From	11. 5 ft. to	12.6	? ft Fro	om	ft. to	ft.	
	GRAVEL PA	From CK INTERVALS: From From From	6.5 ft. to	8.0	ft., Fro	om	ft. to	ft.	
		From	10.5 ft. to	12.0	ft., Fro	om	ft. to	ft.	
(CDO	UTMATERI	AL. 1 Nest semant (5)	Compant amount 2 D	antanita	4 Othor				
Grout In	UT MATERI	AL: 1 Neat cement 6.5	Cement grout 3 B	entonite	ft to	fr	From	ft to ft	
		irce of possible contamination			11. 10	10	., 110111	11. 10	
	Septic tank	4 Lateral lines		10 Livest	ock pens	13 Ins	ecticide storage	16 Other (specify	
2	Sewer lines			Fuel s	torage	14 Ab	andoned water well	below)	
	Watertight sew	1 0 1	9 Feedyard		_		well/gas well .		
	•			_	*				
FROM	TO	LITHOLOGIC	LOG	FROM	1 TO		PLUGGING INTE	ERVALS	
0	30' F	inc Send			+ +				
	TD A CTIONAC	OR LANDOWSPING OF		This	11 20			1 (2) -1 - 1	
7 CON	RACTOR'S	OR LANDOWNER'S CE and was completed on (mo/	KTIFICATION:	inis water	well was	constr	ucted, (2) reconstructed the best of reconstructed	a, or (3) plugged	
Kaneae	y jurisdiction a Water Well Co	ontractor's License No	This Wate	er Well Re	cord was com	nleted	on (mo/daz/ve-f)	1edge and benef.	
under th	e business nan	ne of PSO Environ	menzel		y (signature)		on (mo/dry/star) .v.s		
INSTRUC	CTIONS: Use typ	pewriter or ball point pen. PLEA	SE PRESS FIRMLY and	PRINT clea	rly. Please fill in	n blanks	, underline or circle the co	rrect answers. Send top	
three copi 785-296-5		artment of Health and Environmer ne to WATER WELL OWN							
	w.kdheks.gov/wate		Lite and retain one	Tot your I	coords. Fee (JI 95.0	tor cacir constructed	won. visit us at	