CORRECTION(S) TO WATER WELL RECORD (WWC-5)

(to rectify lacking or incorrect information)

Location listed as:	County: Wabaun See Location changed to:							
Section-Township-Range: 27-115-11W	27-115-11E							
Fraction (1/4 1/4 1/4): SF SF SF	SW NE SE SE							
Other changes: Initial statements: Osage County								
Changed to: Wabaunsee Cour	nty							
Comments:								
verification method: Written # legal descri	ptions, latitude & longitude,							
KGS website.	initials: DRL date: 4/30/2008							

submitted by: Kansas Geological Survey, Data Resources Library, 1930 Constant Ave., Lawrence, KS 66047-3726 to: Kansas Dept of Health & Environment, Bureau of Water, 1000 SW Jackson, Suite 420, Topeka, KS 66612-1367.

WATER WELL REC	ORD	Form WWC-	5	Division of	Water Resource	es; App. No.		
1 LOCATION OF WAT	ER WELL:	Fraction	-	Section Numb		hip Number		
County: OSage		SE YSE YSI		27	<u>T 1 I</u>		R	
Distance and direction for located within city?	rom nearest town or city	y street address of we	11 11	Global Positioning Systems (decimal degrees, min. of 4 digits) Latitude: 39.06				
	South Partic		Lantide: 31.07					
				Elevation:	168	<u> </u>		
2 WATER WELL OWN RR#, St. Address, Box	# : 22294 SI	nokomo RN		Datum:	lies &	4		
City, State, ZIP Code	: Paxico,	k S		Data Collect	ion Method	: Haulh	वर्न	
,	4 DEPTH OF COMP	LETED WELL	\.8		ft.			
LOCATION	D.:::(1.4.)	r (1 (1)			, a	0 (2)	0	
	Depth(s) Groundwater Encountered (1)							
N N	Pump test data: Well water wasft. after hours pumping							
	Est. Yieldgpm:	Well water was		ft. after	hou	irs pumping.	gpm	
NW NE	WELL WATER TO BE	USED AS: 5 Publ	ic water s	supply 8	Air conditio	ning 11 Inj	ection well	
	1 Domestic 3 Feed 2 Irrigation 4 Indu	llot 6 Oil field	water su	pply 9	Dewatering	vol1 C	ber (Specify below) u.s.ed. I.M.FSeefher	
_ ' '	z irrigation 4 mut	istriai / Domesti	c (lawn o	k garden) 10	Monitoring	well C	usaa.i.w.ppaana	
SW SE	Was a chemical/bacterie	ological sample subn	nitted to I	Department?	Yes	No;	If yes, mo/day/yrs	
	Sample was submitted.		. Wate	r well disinfect	ted? Yes	No 太		
S								
5 TYPE OF CASING US	ED: 5 Wrought In	ron 8 Conc	rete tile	CA	SING JOIN	S: Glued	Clamped	
1 Steel 3 RMP	(SR) 6 Asbestos-0	Cement 20ther	(specify	below)		Welded.	X	
Rlank casing diameter	in to 167	ft Diameter	J. 34. A. 15. i	? n to	ft Diamet	Inreaded	in to	
5 TYPE OF CASING USED: 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued								
TYPE OF SCREEN OR PERFORATION MATERIAL:								
		glass 7 PVC						
	anized Steal 6 Concr		.) 10 2	Asbestos-Ceme	ent 12 No	ne used (oper	hole)	
SCREEN OR PERFORAT 1 Continuous slot		_	orch cut	0 Drilled h	noles 11	None (onen l	nole)	
1 Continuous slot 3 Mill slot 5 Gauzed wrapped 7 Torch cut 9 Drilled holes 11 None (open hole) 2 Louvered shutter 4 Key punched 6 Wire wrapped 8 Saw Cut 10 Other (specify)								
SCREEN-PERFORATED INTERVALS: From ft. to ft., From ft. to ft.								
CD LITTLE D. CT.	From	ft. to .		ft., Fro	m	ft. to	ft.	
GRAVEL PACK INTERVALS: From								
From								
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentombe 4 Other								
	1 ft. to\8		• • • • • • • • • • • • • • • • • • • •	ft. to	ft., From	•••••	ft. toft.	
What is the nearest source of possible contamination: 1 Septic tank 4 Lateral lines 7 Pit privy 10 Livestock pens 13 Insecticide Storage 16 Other (specify								
2 Sewer lines		- -	1 Fuel st		14 Abandone		below)	
3 Watertight sewer li					15 Oil well/g		HUMSE	
Direction from well?	·			y feet?				
FROM TO	LITHOLOGIC	LOG	FROM	OT	PLU	GGING INT	ERVALS	
3 18 141								
	10W Shell							
72 75 A)	tohaly					***		
	he stong							
78 144 LA	acsource AHS	1617	İ.,					
149 147 Lih	nestine							
147 187 AH	- Shal-c							
			ļ., ,	N.M.A.				
7 CONTRACTOR'S OR	LANDOWNEDS	DTIEICATION. T	1 Gev	Merch (1)		2) ====================================	tod or (2) plussed	
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) and this record is true to the best of my knowledge and belief.								
Kansas Water Well Contractor's License No. 7.4.2 This Water Well Record was completed on (mo/day/year)								
under the business name of focusing the by (signature) by (signature)								
INSTRUCTIONS: Use typewri	ter or ball point pen. PLEAS	SE PRESS FIRMLY and F	PRINT clear	ly. Please fill in	blanks, underin			
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.								