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

(to rectify lacking or incorrect information)

Location listed as:	County: Wyandotte Location changed to:						
Section-Township-Range: // -// 5-25 E	11-115-25E						
Fraction (1/4 1/4 1/4): None Given	SW SW SW						
Other changes: Initial statements: 37 5 5t. James, Kansas City							
Changed to: 37 S. James S?	t., Kansas City, KS.						
Comments:							
verification method: Well owner's address	on internet, well address,						
city street map on internet, and	Kansas City 1:24,000 topo. map initials: R.L. date: 1/29/2005						

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.

LOCATION OF WATER WELL: Fraction	WATER WELL REC	ORD	Form WWC-	5	Division of Wat	er Resources; App. No.	
Distance and direction from nearest town or city street address of well if located within city? 37 S **T_after > K_MSag C.S+V 2 WATER WELL OWNER: P.yd=r_Truck RarHat Lac. RRF, St. Address, Box of 1140 N ID 1951" STREET City, State, LIP Code 1140 N ID 1951" STREET City, State, LIP Code 1140 N ID 1951" STREET DATE COLORATION Depth(s) Groundwater Encountered (1). 2.7 . ft. (2). 1 LOCATEON SIN SECTION BOX LIP STATIC LIP STATE LEVEL 2.2 **1.7 ft. level wand surface measured on mordayyr. **D[RFS - Pump test data: Well water was. ft. after. hours pumping. gpm SECTION BOX STATIC WATER LEVEL 2.2 **1.7 ft. level water suspely State conditioning 11 Injection well SECTION BOX STATIC WATER LEVEL 2.2 **1.7 ft. level water suspely State conditioning 11 Injection well SECTION BOX STATIC WATER LEVEL 2.2 **1.7 ft. level water suspely State conditioning 11 Injection well SECTION BOX STATIC WATER LEVEL 2.2 **1.7 ft. level water suspely State conditioning 11 Injection well SECTION BOX STATIC WATER LEVEL 2.2 **1.7 ft. level water suspely State conditioning 11 Injection well SECTION BOX STATIC WATER LEVEL 2.2 **1.7 ft. level water suspely State conditioning 11 Injection well SECTION BOX STATIC WATER LEVEL 2.2 **1.7 ft. level water suspely State conditioning 11 Injection well STATIC WATER LEVEL 2.2 **1.7 ft. level water suspely State conditioning 11 Injection well State 11 State 11 Injection well State 11 Injection well State 11 Injection well State 12 Injection 11 Injection well State 12 Injection well State 13 Injection well State 14 Injection 11 Injection well State 14 Injection 11 Injec	1 LOCATION OF WAT	TER WELL:	Fraction		Section Number	Township Number	
Distance and direction from nearest town or city street address of well if located withness 1973 P. ST-12MES. KanASS. C.I. Y. L. C. R.R.S. S. Address. Box 8 14.0 P. N. 15 P. S. R. S.	County: Wyando	He					
WATER WELL OWNER: R. der Truck Rental Inc. RR. St. Address. Box # 1140 NW 1054** STREET City, State, LIP Code JOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: NEW STREET STATE WATER LEVEL. 220.4 #ft. Reboth and surface measured on moday'n. Politics New Section Box: New Street St	Distance and direction:	from nearest town or c	ity street address of we	ell if		ig Systems (decimal de	grees, min. of 4 digits)
WATER WELL OWNER: R. V. L. C. R. R. S. Address, Box # 1 (1/40 NW 1054** STREET City, State, L. P. C. C. T. C. C. S. N. C. C. T. C. C. S. C. C. C. S. C. C. S. C. C. C. C. S. C. C. C. C. S. C.	located within city? 3	78 St.James	, Kansas City	/			
RRI, St. Address, Box 8" LIPO NW ILPO NW JOET STREET City, Sate, ZIP Code ILPO NW JOET STREET LOCATION WITH AN "X" IN SECTION BOX: WELL'S STATIC WATER LIPS LEGAL: Depth(e) Groundwater Encountered (1). 27. ft. (2). ft. n. (3). Pumptest data: Well water was. WELL'S STATIC WATER LIPS LEGAL: \$2.62. \$7. ft. helow land surface measured on modays. ZIPS-2. Best Yield. gpm: Well water was. ft. after. hours pumping. gpm WILL WATER TO BE USED AS: 5 Public water supply 2 Impation 4 Industrial 7 Donestic (law & gardici (law & gardici (law & gardici (law & gardici)) \$2. hours pumping. Smple was submitted. Was a chemical/bacteriological sample submitted to Department? Yes. No, If yes, mo/day/yrs Sample was submitted. Was a chemical/bacteriological sample submitted to Department? Yes. No, If yes, mo/day/yrs Sample was submitted. Was a chemical/bacteriological sample submitted to Department? Yes. No, If yes, mo/day/yrs Sample was submitted. Was a chemical/bacteriological sample submitted to Department? Yes. No, If yes, mo/day/yrs Sample was submitted. Was a chemical/bacteriological sample submitted to Department? Yes. No, If yes, mo/day/yrs Sample was submitted. Was a chemical/bacteriological sample submitted to Department? Yes. No, If yes, mo/day/yrs Sample was submitted. Was a chemical/bacteriological sample submitted to Department? Yes. No, If yes, mo/day/yrs Sample was submitted. Was a chemical/bacteriological sample submitted to Department? Yes. No, If yes, mo/day/yrs Sample was submitted. Was a chemical/bacteriological sample submitted to Department? Yes. No, If yes, mo/day/yrs Sample was submitted. Was a chemical/bacteriological sample submitted to Department? Yes. No, If yes, mo/day/yrs Sample was submitted. Was a chemical/bacteriological sample submitted to Department? Was a chemical/bacteriological sample submitted to Department? Was a chemical/bacteriological sample submitted to Department? Was a chemical/bacteriological sample s				• 1	Longitude:		
Data Collection Method: Stock St	2 WATER WELL OW	NER: Kyder Tri	uck Kental, I	nc.	Elevation:		
Data Collection Method: Stock St	RR#, St. Address, Box	# 11690 NW	105th STREE	r	Datum:		
NTH AN 'X" IN SECTION BOX: WELL'S STATIC WATER LEVEL. 2 (a. 4. 7 ft. below land surface measured on mo'dayly; 10/B/s (b. 1. 4. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	City, State, ZIP Code	HIAML I	-L 33178		Data Collection	Method:	
NTH AN 'X" IN SECTION BOX: WELL'S STATIC WATER LEVEL. 2 (a. 4. 7 ft. below land surface measured on mo'dayly; 10/B/s (b. 1. 4. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	3 LOCATE WELL'S	4 DEPTH OF COMP	LETED WELL	32.10	Z ft.		
SECTION BOX: N	LOCATION						_
Pump lest data: Well water was		Depth(s) Groundwater	r Encountered (1)		ft. (2)	ft. (3)	ft.
Est. Yield		WELL'S STATIC WA	ATER LEVEL 2.10 .	2. II	below land surface	e measured on mo/day	i/yr <i>I.U.J.B.J.R.</i> .
WELL WATER TO BE USED AS: 5 Public water supply 9 Dewatering 12 Other (Specify below) 2 Irrigation 4 Industrial 7 Domestic (lawn & garden) Domitoring well 2 Other (Specify below) 2 Irrigation 4 Industrial 7 Domestic (lawn & garden) Domitoring well 2 Other (Specify below) 2 Irrigation 4 Industrial 7 Domestic (lawn & garden) Domitoring well 2 Other (Specify below) 4 Sample was submitted. Was a chemical/bacteriological sample submitted to Department? Yes No. X.; If yes, mo/day/yrs Sample was submitted. Was a chemical/bacteriological sample submitted to Department? Yes No. X.; If yes, mo/day/yrs Sample was submitted. Was a chemical/bacteriological sample submitted to Department? Yes No. X.; If yes, mo/day/yrs Sample was submitted. Was a chemical/bacteriological sample submitted to Department? Yes No. X.; If yes, mo/day/yrs Sample was submitted to Department? Yes No. X.; If yes, mo/day/yrs Sample was submitted to Department? Yes No. X.; If yes, mo/day/yrs Sample was submitted to Department? Yes No. X.; If yes, mo/day/yrs Sample was submitted to Department? Yes No. X.; If yes, mo/day/yrs Sample was submitted to Department? Yes No. X.; If yes, mo/day/yrs Sample was submitted to Department? Yes No. X.; If yes, mo/day/yrs Sample was submitted to Department? Yes No. X.; If yes, mo/day/yrs No. X.; If yes, mo/day/yrs No. X.; If yes, mo/day/yrs Sample was submitted to Department? Yes No. X.; If yes, mo/day/yrs No.	IN IN	For Viold one	a: Well water was	• • • • • • • • • • • • • • • • • • • •	II. anter	nours pumping	gpm
Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below) 2 Irrigation 4 Industrial 7 Domestic (lawn & garden) 12 Other (Specify below) 2 Irrigation 4 Industrial 7 Domestic (lawn & garden) 10 Industrial							
2 Irrigation 4 Industrial 7 Domestic (lawn & garden) 10 Monitoring well Was a chemical/bacteriological sample submitted to Department? Yes			edlot 6 Oil field	water su	nnly 9 Des		
Was a chemical/bacteriological sample submitted to Department? Yes No X; If yes, mo/day/yrs Sample was submitted Water well disinfected? Yes No X; If yes, mo/day/yrs Sample was submitted Water well disinfected? Yes No X; If yes, mo/day/yrs Sample was submitted Water well disinfected? Yes No X; If yes, mo/day/yrs Sample was submitted Water well disinfected? Yes No X; If yes, mo/day/yrs Sample was submitted Water well disinfected? Yes No X; If yes, mo/day/yrs Sample was submitted Water well disinfected? Yes No X; If yes, mo/day/yrs Sample was submitted Water well disinfected? Yes No X; If yes, mo/day/yrs water well disinfected? Yes No X; If yes, mo/day/yrs water well disinfected? Yes No X; If yes, mo/day/yrs water well disinfected? Yes No X; If yes, mo/day/yrs water well disinfected? Yes No X; If yes, mo/day/yrs water well disinfected? Yes No X; If yes, mo/day/yrs water well disinfected? Yes No X; If yes, mo/day/yrs water well disinfected? Yes No X; If yes, mo/day/yrs water well disinfected? Yes No X; If yes, mo/day/yrs water well disinfected? Yes No X; If yes, mo/day/yrs water well disinfected? Yes No X; If yes, mo/day/yrs water well disinfected? Yes No X; If yes, mo/day well and the well and the well and the well was the marked of the well and the well was the marked of the well and the well and the well was the marked of the well and the well was the we	W		dustrial 7 Domesti	c (lawn &	& garden) 10 Mo		
Was a chemical/bacteriological sample submitted to Department? Yes. No. A., Il yes, mo/day/yrs Sample was submitted	CW CF					•	
Sample was submitted	SW SE	Was a chemical/bacte	riological sample subn	nitted to	Department? Yes		If yes, mo/day/yrs
5 TYPE OF CASING USED: 5 Wrought Iron 1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) 1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) 1 Steel 3 RMP (SR) 7 Fiberglass 1 Threaded. Blank casing diameter in to 2 ft. in, weight. Islank casing diameter in to 2 ft. in, weight. Islank casing diameter in to 2 ft. in, weight. Islank casing diameter in to 3 ft. in, weight. Islank casing diameter in to 4 ft. in, weight. Islank casing diameter in to 5 ft. in, weight. Islank casing diameter in to 6 ft. Casing height above land surface. Islank casing diameter in to 6 ft. Type OF SCREEN OR PERFORATION MATERIAL: 1 Steel 3 Stainless Steel 5 Fiberglass VC 9 ABS 11 Other (Specify) SCREEN OR PERFORATION OPENINGS ARE: 1 Continuous slot 2 ft. in the steel of the ste		Sample was submitted	1	. Wate	er well disinfected?	Yes No	••••
Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded.	S						
Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded.	5 TYPE OF CASING US	SED: 5 Wrought	Iron 8 Conc	rete tile	CASIN	G JOINTS: Glued	Clamped
Blank casing diameter in. to 2.2 ft. Diameter in. to ft. Diameter in. to ft. Casing height above land surface 7.6 ft. m., weight. lbs./ft. Wall thickness or guage No. 5.4 ft. M.	1 Steel 3 RMP	(SR) 6 Asbestos	-Cement 9 Other	(specify	below)	Welded	
Casing height above land surface	2 PVC 4 ABS	7 Fiberglas	ss		• • • • • • • • • • • • • • • • • • • •	Threaded	X
TYPE OF SCREEN OR PERFORATION MATERIAL: 1 Steel 3 Stainless Steel 5 Fiberglass	Blank casing diameter	4 in. to2.2.	ft., Diameter	i	n. to ft.	, Diameter	in. toft.
Steel 3 Stainless Steel 5 Fiberglass 2 PVC 9 ABS 11 Other (Specify) 10 Asbestos-Cement 12 None used (open hole)					lbs./ft. Wall thi	ckness or guage No	5.ch40
2 Brass 4 Galvanized Steal 6 Concrete tile 8 RM (SR) 10 Asbestos-Cement 12 None used (open hole) SCREEN OR PERFORATION OPENINGS ARE: 1 Continuous slot 3 fill slot 5. Guazed 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)	1			0.4	. D.C	11.04 (0.16)	
SCREEN OR PERFORATION OPENINGS ARE: 1 Continuous slot Still slot 5. Guazed 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 22.02. ft. to 32.02. ft., From ft. to ft. From ft. to ft. From ft. to ft. from ft. to ft. from ft. to ft. ft. from ft. ft. from ft. to ft. ft. from ft. ft. ft. from ft. ft. ft. ft. ft. ft. ft. ft. ft.			rglass QVC	9 <i>P</i> 10	Ashastas Camant	11 Other (Specify)	hala)
1 Continuous slot Alill slot 5. Guazed 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. 27.02. ft. to 32.02. ft., From ft. to ft. of the form ft. to ft. of the from ft. of the ft. of the from ft. of the from ft. of the ft. of the from ft. of the from ft. of the ft. of the from ft. of the ft. of th) 107	Asbestos-Cement	12 None used (open	noie)
2 Louvered shutter 4 key punched 6 Wire wrapped 8 Saw Cut 10 Other (specify) SCREEN-PERFORATED INTERVALS: From	1 Continuous slot	Fill slot 5 (E. Guazed wranned = 7 T	orch cut	9 Drilled holes	11 None (open h	ole)
SCREEN-PERFORATED INTERVALS: From 72.02 ft. to 32.02 ft. From ft. to ft. From ft. From ft. To ft. From ft. From ft. To ft. From ft. To ft. From ft. From ft. To ft. From ft. To ft. From ft. To ft. From ft. To ft. From ft. From ft. To ft. From ft.	2 Louvered shutter	4 Key punched 6 V	Vire wrapped 8 S	aw Cut	10 Other (speci	fy)	
GRAVEL PACK INTERVALS: From 2.0. ft. to 32.0.2. ft., From ft. to ft. 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 5 Cess pool 8 Sewage lagoon 11 Fuel storage 14 Abandoned water well below) 2 Sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer Storage 15 Oil will/gas well Wat. Inst. Insecticide Storage 15 Oil will/gas well Wat. Insecticide Storage 16 Other (specify 15 Oil Abandone Water Storage 15 Oil will/gas well Wat. Insecticide Storage 16 Other (specify 15 Oil Abandone Water Storage 15 Oil Will Abandone Water Storage 15 Oil Will Abandone Water Storage 15 Oil Will Abandone Wate	SCREEN-PERFORATED	INTERVALS: From.	2202 ft. to	32.	0.2 ft., From	ft. to	ft.
From		From.	ft. to		ft., From	ft. to	ft.
GROUT MATERIAL: 1 Neat cement 20 ement grout 3 Bentonite 4 Other Grout Intervals: From 1.5 ft. to 20 ft., From ft. to ft. What is the nearest source of possible contamination: 1 Septic tank 4 Lateral lines 7 Pit privy 2 Sewer lines 5 Cess pool 8 Sewage lagoon 11 Fuel storage 13 Insecticide Storage below) 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer Storage 15 Oil will/gas well below) FROM TO LITHOLOGIC LOG FROM TO PLUGGING INTERVALS Direction from well? How many feet? FROM TO LITHOLOGIC LOG FROM TO PLUGGING INTERVALS Drown Clay with 5 ilt 5 LO Dark Grayand Dark Brown Clay Trace Petales 10 15 NO Recovery 20 25 NO Recovery 30 32 Dark gray t Brown Clay wheth 5 ilt 5 LO Dark Grayand Dark Brown Clay Trace Petales 15 20 NO Recovery 20 25 NO Recovery 30 32 Dark gray t Brown Clay wheth 5 ilt FROM TO Recovery 30 32 Dark gray t Brown Clay wheth 5 ilt FROM TO Recovery 30 32 Dark gray t Brown Clay wheth 5 ilt FROM TO Recovery 30 32 Dark gray t Brown Clay wheth 5 ilt FROM TO Recovery 30 32 Dark gray t Brown Clay wheth 5 ilt FROM TO Recovery 30 32 Dark gray t Brown Clay wheth 5 ilt FROM TO Recovery 30 32 Dark gray t Brown Clay wheth 5 ilt FROM TO Recovery 30 32 Dark gray t Brown Clay wheth 5 ilt FROM TO Recovery 30 32 Dark gray t Brown Clay wheth 5 ilt FROM TO Recovery 30 32 Dark gray t Brown Clay wheth 5 ilt FROM TO Recovery 30 32 Dark gray t Brown Clay wheth 5 ilt FROM TO Recovery 30 32 Dark gray t Brown Clay wheth 5 ilt FROM TO Recovery 30 32 Dark gray t Brown Clay wheth 5 ilt in the first of the best of my knowledge and belief. Kansas Water Well Contractor's License No 70 This Water Well Recored was completed on (mo/day/year) FROM TO Recovery 4 5 10 Interval to the best of my knowledge and belief. Kansas Water Well Contractor's License No 70 This Water Well Recored was completed on (mo/day/year) FROM TO Recovery 4 5 10 Interval to the best of my knowledge and belief. Kansas Water Well Recored was completed on (mo/day/sear) FROM TO Recovery 4 5 10 Interval to the best of my knowledge and belief. Kan	GRAVEL PACK	INTERVALS: From		324	O.Z ft., From	ft. to	ft.
What is the nearest source of possible contamination: 1 Septic tank							
What is the nearest source of possible contamination: 1 Septic tank	6 GROUT MATERIAL:	1 Neat cement /2	Dement grout 3 Ber	ntonite	4 Other	= . =	
What is the nearest source of possible contamination: 1 Septic tank 4 Lateral lines 5 Cess pool 8 Sewage lagoon 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer Storage How many feet? FROM TO LITHOLOGIC LOG FROM TO LITHOLOGIC LOG FROM TO PLUGGING INTERVALS Prown Cay with Sit Dark Grayahd Dark Brown Cay 15 20 No Recovery 25 30 No Recovery 25 30 No Recovery 25 30 No Recovery 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) 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) 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) 7 CONTRACTOR'S Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in Junes, underline or circle the purrect 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-	Grout Intervals: From	n ft. to	2.0 ft From		ft. to	ft From	ft. toft.
2 Sewer lines 3 Cess pool 8 Sewage lagoon 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer Storage 15 Oil wll/gas well 15 Oil wll/g	What is the nearest source	of possible contamina	tion:			•	
3 Watertight sewer lines 6 Seepage pit 9 Feedyard Direction from well?	_			0 Livest			
Direction from well? NE How many feet? SO FROM TO LITHOLOGIC LOG FROM TO PLUGGING INTERVALS Brown Clay with Silt Trace Peololes 10 15 NO Recovery 10 25 NO Recovery 20 30 NO Recovery 30 32 Dark Gray and Brown Clay will be seen to see the second of			0 0		Ų		
FROM TO LITHOLOGIC LOG FROM TO PLUGGING INTERVALS 6 5 Asphalt Coversitand Auger Dark Brown Clay with 511+ 5 10 Dark Gray and Dark Brown Clay Trace Periodes 10 15 MO Recovery 25 20 MO Recovery 25 30 NO Recovery 30 - 32 Dark Gray + Brown Clay whiletes Sand + 511+ 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) 13.25 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 70			-				.W54P.5.1/V
Brown Clay With Silt 5 10 Dark Grayand Dark Brown Clay Trace Pelodles 10 15 10 Recovery 20 25 NO Recovery 25 30 NO Recovery 30 32 Dark Gray + Brown Clay Wleddes Sand + Silt 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) 1.7.3							CDVALC
Trace Peloles 10 15 Mo Recovery 15 20 No Recovery 25 30 No Recovery 30 32 Dark gray + Brown Clay whether 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) 1.73.10. S and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 7.0				FROM	10	PLUGGING IN I	ERVALS
Trace Petioles 10		at lover Hand	Augerlank				
Trace Pebbles 10 15 NO Recovery 20 25 NO Recovery 25 30 NO Recovery 30 - 32 Dark gray + Brown Clay whether 5 xand + 5i/t 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)							
10 15 No Recovery 20 25 No Recovery 30 30 No Recovery 30 32 Dark gray + Brown Clay whether same the state of my knowledge and belief. Sand + Sift 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)			CK Drown Clay				
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)		-\(\begin{array}{cccccccccccccccccccccccccccccccccccc					
25 30 NO Recovery 30 - 32 Dark gray + Brown Clay whether 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) 13.25 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 7.0	15 20 NO						
25 30 NO Recovery 30 + 32 Dark gray + Brown Clay whether 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) 13.05 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 7.0. This Water Well Recored was completed on (mg/day/year) Under the business name of by the street of ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in thanks, underline or circle the orrect 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-							
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)	25 30 NO						
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)	30+32 Dark	gray + Brown	1 Clay WPetter	\$			
Under the business name of by (signature) by (signature) INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in Manks, underline or circle the prirect 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-	Sand	J-151/+					
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Under the business name of by (signature) by (signature) INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in Manks, underline or circle the prirect 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-	under my jurisdiction and was completed on (mo/day/year) /						
INSTRUCTIONS: Use typewriter or ball point pen. <u>PLEASE PRESS FIRMLY</u> and <u>PRINT</u> clearly. Please fill in Varies, 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-	Linder the husiness mare	ictor's License No	This Water	Well Red	cored was complete	ed on (mg/day/year)	/
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-			***	b	y (signature)	we Klink	1
296-5522. Send one to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well.	INSTRUCTIONS: Use typewrite	er or ball point pen. PLEAS	E PRESS FIRMLY and PRIN	T clearly.	Please fill in blanks, u	nderline or circle the correct	answers. Send top three