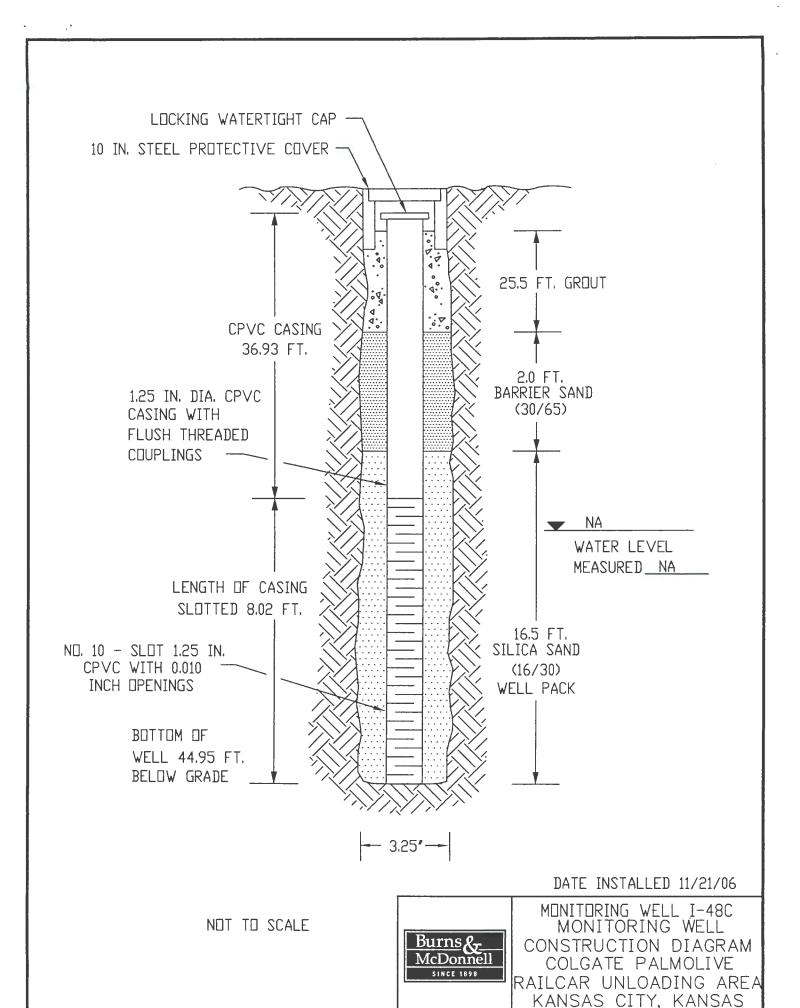
County:	Wyandotte	_ Fraction:	SW SE NW I		Sec	21	т	11_s	R	25	-
CORRECT	ION(S) to WATER WEL	L COMPLE	TION RECORD	Forn	n WWC	C-5 (to	rectify la	acking or	incorr	ect infor	mation)
Owner: Co	lgate-Palmolive	=								[48 C
If location corrected, was listed as:					Location changed to:						
	nship-Range:										
Fraction (1/4 calls): NW NW NW					SW SE NW NW						
Other changes: Initial statements: Latitude and Longitude taken from plugging record											
Changed to: Latitude 39.084659 Longitude -94.646185											
Comments											
Comments.											
Verification method: Verified with LEOWEB and KGS mapper											
verification	method:										
							SH		04-	.16-20	 19
						Initials:	SH	Date	:	10 20	
Submitted by: Kansas Geological Survey, Data Resources Library, 1930 Constant Ave., Lawrence, KS 66047-3724 Kansas Dept. of Health & Environment, Bureau of Water, 1000 SW Jackson, Suite 420, Topeka, KS 66612-1367											
	Kansas Dept. of Hea	iui & Enviror	iment, Bureau of W	ater, I	000 5 W	Jackson	n, Suite 4	120, 10pe	eka, K	5 00012-	1307

(rev 01/26/2018)



•	-	10/0	TER WELL REC	ORD Form WW	IC-E KS	A 82a-121	2 ID No		In	17- I-51
1 LOCAT	ION OF WA	TER WELL:	Fraction	OND FOIIII WWW	0-3 NO	-	Number	Township !	Number	Range Number
County			NWW	NW 14 NV	J 1/4	1 2	1	T		R 25 EW
			wn or city street a	address of well if loc	ated within	city?		1000		
2 WATER	R WELL OW	NER: Colo	ate P	almolive	Con	nogr	V			
RR#, St. Ad City, State.	ddress, Box ZIP Code	# :1806	Kans	ns AVE.				Application	n Number:	vision of Water Resources
3 LOCATE	WELL'S LO	CATION WITH	4 DEPTH OF C	OMPLETED WELL			ft. ELEVAT	TION:		
AN "X" IN	N SECTION N	BOX:	Depth(s) Groun	dwater Encountered	d 1		ft.	2	ft. 3	ft.
	1		WELL'S STATION	C WATER LEVEL	water was	.ft. below I	and surface	e measured on m	lo/day/yr hours bul	mping gpm
•		1	Est. Yield	gpm: Well	water was		ft. a	fter	hours pur	mping gpm
	-NW	-NE		TO BE USED AS:		water sup		8 Air conditionin	ig 11 Inje	ection well
w	i	I E	1 Domestic 2 Irrigation	3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below) 4 Industrial 7 Domestic (lawn & garden) 10 Monitoring well						
44	1		a migation	mademan	,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	- g,	3		
	-SW	- SE	Was a chemica mitted	al/bacteriological sar	mple submi	ted to Dep		es No ater Well Disinfed		o/day/yrs sample was sub- No
5 TYPE (S S S S S S S S S S S S S S S S S S S	CASING USED:		5 Wrought iron	8	Concrete	tile	CASING JO	DINTS: Glued	Clamped
1 Stee		3 RMP (S		6 Asbestos-Ceme		Other (spe	ecify below)			d
2 PVC		4 ABS		7 Fiberglass	_					ded
Blank casir	ng diameter	••••	in. to	ft., D)ia	l	in. to	ft., D	ia.	in. toft.
				in., weight						No
1 Stee		R PERFORATION 3 Stainles		5 Fiberglass		7 PVC 8 RMP (SR)		sbestos-Ceme	
2 Bras		4 Galvania		6 Concrete tile		9 ABS	01.1)		one used (ope	
		RATION OPENIL	NGS ARE:	5	Guazed wr	apped		8 Saw cut		11 None (open hole)
	tinuous slot	The state of the s	Mill slot		Wire wrapp			9 Drilled holes	3	
2 Lou	vered shutte		ey punched	7	Torch cut			10 Other (spec	ify)	ft.
SCREEN-	PERFORAT	ED INTERVALS	: From	ft. t	0		ft., From		ft. to .	
	CDAVEL DA	CK INTERVALS								tt
	GHAVEL	OK INTERVALS								ft.
6 GROL	IT AAATED!	A.L	A			0. D4		1 Other		
	JT MATERIA		t cement	2 Cement grou		3 Bentoni				. ft. toft.
				π., From						andoned water well
	otic tank		ral lines	7 Pit			11 Fuel s			I well/Gas well
2 Sewer lines 5 Cess pool			8 Sewage lagoon				zer storage	16 Other (specify below)		
3 Watertight sewer lines 6 Seepage pit			9 Feedyard			13 Insect	ticide storage			
Direction for	rom well?						How man	y feet?		
FROM	ТО		LITHOLOGIC	CLOG	FF	ROM	ТО	P	LUGGING INT	ERVALS
	-									
				-						
		100000000000000000000000000000000000000								
7 CONTR	RACTOR'S	OR LANDOWNE	R'S CERTIFICA	TION: This water w	ell was (1)	constructe	(12) reco	onstructed, or (3)	plugged unde	er my jurisdiction and was
completed	on (mo/day/	year)	7-00				and this re-	cord is true to the	best of my kno	wledge and belief. Kansa
				,		Record was			1 8	
	ousiness na	me of RAZ	27/1	VICOMでするMAT Steathy		anla		signature)	7	Kansas Department of Health
· INSTRUC	TIVING: USO IVI	PERMITTED OF CHAPTER SHIPE	mi, rickae racaa i	THE PROPERTY OF STREET	, riease mi mic	ratins, underin	IL OI CITCIO THO	control drisvers, Send	TOD THEE CODIES (Dalisas Departifient of Freath

INSTRUCTIONS: Use typewriter นะใหม่เก็บอย่าง <u>PLEASE PRESS PRIMICE</u> and <u>PRIMI</u> ซ้อยสหุร Please fills in brains, underline or circle the correct ansvers. Send top three points to Kansas Department of Healt and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-5522. Send canta WATER WELL OWNER and retain and for your records. Fee of \$5.00 for each constructed well.