County:	Wyandotte	Fraction:	NW SE NW I	W	Sec	21	_ т	11	_s i	R	25	Е 
CORRECTION(S) to WATER WELL COMPLETION RECORD Form WWC-5 (to rectify lacking or incorrect information									nation)			
Owner: Col							C	OBS	07-1			
If location corrected, was listed as:					Loca	tion cha	nged to:	:				
Section-Township-Range:												
Fraction (¼ calls):					NW SE NW NW							
Other changes: Initial statements: Latitude and Longitude taken from plugging record												
Changed to: Latitude 39.084861 Longitude -94.646440												
Comments:												
_												
Verification method:												
						Initials:	SH	Da	ate: (	04-15	5-201	9
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												
	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·										

(rev 01/26/2018)

	WATER WELL REC	ORD Form	1 WWC-5	KSA 82a-1	212 ID N	o	<u> 5-07-</u>	- 1		
1 LOCATION OF WATER WELL:	Fraction	1		Sect	ion Number	Town	ship Number	Range Numb		
County: Wygydotte	NW 1/4		NW 1/4		21	Т	<u>   s</u>	в в 25 (	EW.	
Distance and direction from neares	t town or city street a	ddress of well	if located w	ithin city?						
2 WATER WELL OWNER: CO	laste Palmali	ve (nmm								
	16 Kansas		~~~			Boar	d of Agricultu	re, Division of Water Re	sources	
City State 71D Code	in a City	45				Appli	ication Number	er:		
3 LOCATE WELL'S LOCATION W	TH 4 DEPTH OF C	OMPLETED V	VELL	4.8	ft. ELEVA	TION:			 Li	
AN "X" IN SECTION BOX:	Depth(s) Groun	dwater Encou	ntered 1	ft helo	ft w land surfac	t. 2 ce measured	on mo/dav/v	ft. 3 r	II.	
	Pur	no test data:	Well water	was	ft. a	after	hou	urs pumping	gpm	
$  \sum_{-NW-}^{N}   - NE -  $	Est. Yield WELL WATER	gpm:	Well water	vas ublic water s		after 8 Air cond	itioning	urs pumping 11 Injection well	gpm	
1 1	1 Domestic		t 6.0	I field water	supply	9 Dewater	rina - ·	12 Other (Specify below	v)	
W w	E 2 Irrigation	4 Industr	rial 7 De	omestic (law	n & garden)	1 Monitori	ng well		••••••	
							. 16	aa maldaylyra aamplay	vac sub-	
SW SE	Was a chemica mitted	ii/bacteriologic	ai sample si	idmitted to L	www.wepartment	ater Well Dis	sinfected? Yes	es, mo/day/yrs sample v s No	as suu-	
	initiou									
5 TYPE OF BLANK CASING US	ED:	5 Wrought in	ron	8 Concre	te tile	CASI	NG JOINTS:	Glued Clamped		
1 Steel 3 RMF	P (SR)	6 Asbestos-	Cement	9 Other (	specify below	2)	_	Welded		
2 PVC 4 ABS Blank casing diameter		7 Fiberglass								
Casing height above land surface	in. to	in weigh	nt			. lbs./ft. Wall	thickness or	guage No.		
TYPE OF SCREEN OR PERFORA		, noigi		7 PV	0					
1 01001	nless Steel	5 Fiberglass 6 Concrete		8 RM 9 AB	P (SR)		11 Other (Sp 12 None use	ecify)		
2 21000	anized Steel	o Concrete				8 Saw c		11 None (open he	ole)	
SCREEN OR PERFORATION OP	3 Mill slot		6 Wire w	d wrapped rapped		9 Drilled	holes			
	4 Key punched		7 Torch (							
SCREEN-PERFORATED INTERV	ALS: From	48	ft. to	28	ft., From	۱		ft. to	ft.	
GRAVEL PACK INTERV	ALS: From	48	ft. to ft. to	27	π., ⊢rom ft., From	ן ז <i>ג</i> ר	)	ft. to	ft.	
	From		ft. to		ft., From	ו		ft. to	ft.	
6 GROUT MATERIAL: 1	Neat cement	2 Cemen	t grout	3 Bent	onite	4 Other				
Grout Intervals: From	ft. to					ft., Fro	m	ft. to	ft.	
What is the nearest source of post	sible contamination:					stock pens		14 Abandoned water w	/ell	
	Lateral lines Cess pool		7 Pit privy		11 Fuel	-		15 Oil well/Gas well	•••	
2 Sewer lines 5 3 Watertight sewer lines 6	8 Sewage lagoon 9 Feedyard				lizer storage cticide storag		16 Other (specify below)			
Direction from well?	Seepage pit		5 Teedyard		How ma					
FROM TO	LITHOLOGI	CLOG		FROM	TO		PLUGGIN	NG INTERVALS		
0 9 Fill	1									
	clay									
	sand									
29.5 28 Clay 28 48 Fine	to motium s.	and								
		(-10								
									_	
7										
CONTRACTOR'S OR LANDO completed on (mo/day/year)	WNER'S CERTIFICA	TION: This wa	ater well wa	s (1) constru	(2) rec	constructed,	or (3) plugge	d under my jurisdiction	and was	
Water Well Contractor's Licence N	529		This Water V	Nell Record	and this re was complete	ecora is true ed on (mo/da	av/vr)	in knowledge and bellet	n. rvansas	
	DTECHEXCLOUT -	-	The trater			(signature)		Teller		
INSTRUCTIONS: Use typewriter or ball p	oint pen. PLEASE PRESS	FIRMLY and PRINT	clearly. Please	fill in blanks, und	derline or circle th	e correct answer	rs. Send top three	copies to Kansas Department	of Health	
and Environment, Bureau of Water, Geolo		son St., Suite 420,	Topeka, Kansas	66612-1367. Te	ephone 785-296-	-5522. Send one	to WATER WELL	. OWNEH and retain one for you	ur	