County:	Wyandotte	Fraction:	SW SE NW N	W	Sec	21	т	11	_s	R	25	E
CORRECTI	ON(S) to WATER WEI	LL COMPLE	TION RECORD	Forn	n WWC	C-5 (to	rectify l	lacking	g or in	corre	et infor	mation)
Owner: Co	gate-Palmolive										OBS	07-3
If location co		Locat	tion cha	nged to:	:							
Section-Town	ship-Range:											
Fraction (1/4 ca	alls):N		SW SE NW NW									
Other changes: Initial statements: Latitude and Longitude taken from plugging record												
	Latitude 39.08473											
Verification method: Verified with LEOWEB and KGS mapper												
						Initials:			-		5-201	19
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)

			WΔT	ER WELL RE	CORD	Form	WWC-5	KSA 82a-	1212 1	D No.	OB	35-0	7-3			
1 LOCATI	ON OF WA	TER WELL:		Fraction					ction Num			nship Nu		1	ange Nu	
	Wygn				4 NW	1/4	NW	/4	21		т	11	S	R	25	(E)W
Distance an	nd direction	from neares	st tow	n or city stree								1.				
2 WATER	WELLOW	NER: Co	la:+	e Palmo	live (omp	<i><i>R</i>ny</i>									
RR#, St. Ad	Idress, Box	# : 18	306	Kansas	Ave						Ann	lication 1	lumber:			Resources
3 LOCATE	WELL'S LO		ITH 4	i DEPTH OF	COMPLE	TED W	ELL	45	ft. EL	EVAT	ION:					
AN "X" IN		BOX:		Depth(s) Gro	undwater FIC WATE	Encoun R LEVE data: V	tered EL Vell wate	1 ft. bel ft. bel r was	ow land su	ft. urface ft. af ft. af	2 e measure fter fter	d on mo/	ft. /day/yr hours hours	3 pumping . pumping .		nt. gpm
	NW NE WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well 1 1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below) 2 1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)												low)			
	-SW SE Was a chemical/bacteriological sample submitted to Department? Yes No; If yes, mo/day/yrs mitted Water Well Disinfected? Yes									s sampl N	e was sub- lo					
	Ś										040				Clomp	nd
5 TYPE OF BLANK CASING USED: 1 Steel 3 RMP (SR)					6 Asb	5 Wrought iron 6 Asbestos-Cement			ete tile (specify b	CASING JOINTS: Glued Clamped Welded Threaded						
2 PVC		4 ABS		4 in. to		erglass	ft Dia									
Casing hei	ng ulameter	and surface		in. to	in	weight	n., Dia				bs./ft. Wa	II thickne	ss or qua	age No		
				N MATERIAL:		, weight		7 P				10 Asb	estos-Ce	ment		
1 Steel 3 Stainless Steel 2 Brass 4 Galvanized Steel				5 Fib	5 Fiberglass 6 Concrete tile			MP (SR) BS	10 Asbestos-Cement 11 Other (Specify) 12 None used (open hole)							
		RATION OP	ENIN	GS ARE:			5 Gua	zed wrapped			8 Saw	cut		11 No	ne (oper	n hole)
1	tinuous slot		3 M	ill stot				wrapped			9 Drille	d holes	۵			ft
2 Louv	vered shutte	er	4 Ke	ey punched	115		7 Torc									
SCREEN-	PERFORAT	ED INTERV	ALS:	From	72		.ft.to	25	ft., F	From . From			ft. ft	to to	•••••	ft. ft
	GRAVEL PA		/ALS:	From			. ft. to		ft., F	From .			ft. '	to 🖌 🤇	2.5	ft
				From			. ft. to		ft., F	From .			ft.	to		ft
6 GROL		AL: 1	Neat	cement	10	Cement	arout	3 Ber	ntonite	4	Other		··········			
				ft. to												
				contamination		,01	•• •••••				ock pens			Abandon		
1	otic tank	•		al lines		7	Pit privy				torage		15	Oil well/G	as well	
	ver lines		Cess				Sewage				zer storage		16	Other (sp	ecify be	low)
3 Wat	tertight sew	er lines 6	Seep	age pit			Feedyar	-	13 I	nsecti	icide stora	ige				
Direction fr	rom well?								How	/ man	y feet?					
FROM	то			LITHOLOG	AIC LOG			FROM	то	_		PLU	IGGING	INTERVA	S	
0	3	Fill														
3	12	Clay														
12	14	Fine	59							_						
14	23,5	Clay	+													
23.5	45	Find	10	medium	San	d										
									-							
										+						
										-						
														_		
7 CONTR	ACTOR'S	OR LANDO	WNE	R'S CERTIFIC	CATION:	This wat	ter well v	as (1) const	ructed, (2)) reco	nstructed	or (3) p	lugged u	inder my j	urisdicti	on and wa
	on (mo/day	/year)	2/5	107					and t	his rea	cord is true	e to the b	est of my			
Water Well		's Licence N	10 m.	524 OTECHOOL			his Wate	r Well Recor	d was com		d on (mo/o signature)		311	6		
INSTRUC	TIONS: Use tv	pewriter or ball r	point pe	n. PLEASE PRES	S FIRMLY ar	nd PRINT o	learly. Plea	se fill in blanks. u	nderline or cir	rcle the	correct answ	era: Send to	op three cor	ies to Kansa	s Departme	ent of Health
and Enviro	onment, Bureau	u of Water, Geol each <u>constructe</u>	ogy Se	ction, 1000 SW Ja	ckson St., Su	uite 420, To	opeka, Kans	as 66612-1367.	Telephone 785	5-296-5	522. Send on	e to WATE	R WELL OV	NER and ret	ain one for	your