CORRECTION(S) TO WATER WELL RECORD (WWC-5) (to rectify lacking or incorrect information)

(to rectify lacking or incorrect	county: Wyan do Ho
Location listed as:	County: Wyando He Location changed to:
Section-Township-Range: 32-115-12 E	32-115-25E NW SE SW
Fraction (1/4 1/4 1/4): NW SE SW	NW SE SW
Other changes: Initial statements:	
	·
Changed to:	
Comments:	
verification method: Well address, city mapping tool & arrial photos	street map, and on KGS website.
	initials: DPL date: 10/27/2008
submitted by: Kansas Geological Survey Data Resources Library 1930 Con	·

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.

WATE	R WEL	L RECO	SD WM.	Forn	ı WWC-5	;	Division o	of Water l	Resources; App. No.			
		of Water		Fraction NW 1/4	SE 14 SN	/	Section Nun	nber	Township Number T !! S	Range Number R 12 EW		
Dista	Distance and direction from nearest town or city street address of well if					l if (grees, min. of 4 digits)		
11							Latitude:					
3051 Merrian Ln; Shance Ks; Eastern Side of the property						erty	Longitude:					
2 WA	TER WE	LL OWNE	R: Merrium	Lane Proper	Hes, LL	ز ا						
2 WATER WELL OWNER: Marrian Lone Properties, LLC RR#, St. Address, Box#: 6750 W. 93rd Street, Scite 110)	Datum:					
City, State, ZIP Code : everland fack, KS 66212, 3 LOCATE WELL'S 4 DEPTH OF COMPLETED WELL						, ,	Data Collec	ction M	ethod:			
3 LOC	CATE WE	LL'S 4 I	DEPTH OF CO	MPLETED V	VELL	5		ft.				
LOC	CATION											
WIT	'H AN "X	" IN De	Depth(s) Groundwater Encountered (1)									
SEC	TION BO	X: WE	WELL'S STATIC WATER LEVEL. 9.43 ft. below land surface measured on mo/day/yr. 9-17-08									
	N		Pump test d	lata: Well wa	ter was	<u>.</u>	ft. after	٠٠٠٠٠	hours pumping	gpm		
		T Est	t. Yield g	gpm: Well wa	iter was		.ft. after		hours pumping	gpm		
N	W NE	_ WE	ELL WATER TO) BE USED A	S: 5 Public	water si	apply 8	8 Air co	onditioning 11 Inj	ection well her (Specify below)		
w		E 1 I	Domestic 3 F	Feedlot (6 Oil field w	vater sup	ply	9 Dewa	tering 12 Otl	her (Specify below)		
		2 I	rrigation 4	Industrial '	7 Domestic	(lawn &	garden) (10	9) Monit	oring well			
SV	¥ SE						_		4			
	7	vva	s a chemical/bac	cteriological sa	ımple submi	tted to D	epartment?	Yes	No;	If yes, mo/day/yrs		
			nple was submitt	ted		Water	well disinfe	ected? Y	/es No			
	S											
5 TYP	E OF CAS	SING USED	5 Wroug	ht Iron	8 Concre	ete tile	C	ASING	JOINTS: Glued	Clamped		
1	Steel	3 RMP (SF	(a) 6 Asbest	tos-Cement	9 Other (specify l	oelow)		Welded			
[2	PVC	4 ABS	7 Fibergl	lass					Threaded			
Blank c	asing diam	eter	in. to 5 .	ft., Dia	meter	. in	ı. to:	ft., D	Diameter	in. toft.		
Casing	height abor	ve land surfa	ice F.Les.h	in., Wei	ight	lt	os./ft. Wa	all thick	ness or guage No	h, 40		
			ORATION MA		~							
	Steel		Steel 5 Fil	berglass (JPVC	9 A	BS		11 Other (Specify)			
	Brass				8 RM (SR)	10 A	sbestos-Cen	nent	12 None used (open	hole)		
			OPENINGS A		1 7 T.	1 4	0 D.:11. 4	1 1 .	11 37 / 1.	.1.5		
1 Continuous slot 6 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												
	GRAVEI	PACK INT	FRVALS: Fro	m 15	ft to	4	ft Fr	rom	ft to			
	OKAVEL	ALACKINI	Fro	m –	ft to	· · · · · · · · · · · · · · · · · · ·	ft Fr	rom	ft to			
										It.		
6 GRO	UT MAT	ERIAL:	Neat cement	2 Cement gro	ut 3 Bent	onite 🗸	4 Other L	proce	re			
Grout In		From	7 ft. to .	ft.,	, From	. 2 f	t. to .?	ft.,	From	ft. toft.		
What is	the neares	t source of p	ossible contamii	nation:			•					
	Septic tank			es 7 Pit privy		Livesto				16 Other (specify		
	Sewer line		5 Cess pool	8 Sewage I		Fuel sto			ndoned water well	below)		
		sewer lines					er Storage		B			
		<u> 11?</u>			-		T					
FROM	TO	75/11.	LITHOLOG	GIC LOG		FROM	TO		PLUGGING INT	ERVALS		
	15	SIMY	clay Brown									
15		Limeste	ne				-					
	<u> </u>	 										
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7.003	FD A CTC	DIC OP T	NIDOMNIEDSC	CEDETEIO .	TION: TI'		11		-4-1 (2) : :	-1 (2) -1 1		
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was ①constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year)												
Kansas Water Well Contractor's License No7.59 This Water Well Record was completed on (mo/day/year)9-25-98												
under the business name of Belay bound Surface, The by (signature) with the correct answers. Send top INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks, 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												
785-296-5522. 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.												