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

The following correction(s) was made to the attached WWC-5 log, in order to file the item or to rectify lacking or incorrect information.

Fraction ( 1/4 1/4) Section-Township-Range changed:
listed as SW NW SE, 21-1/5-3?
changed to <u>Sul NW SE</u> 21-115-3E
Other changes: Initial statements:
Changed to:
Comments:
verification method: Written & legal descriptions, area map on internet, positions on plat map, and Chapman & Upland 1:24,000 teps maps initials: Lill date: 10/17/2001 submitted by: Kansas Geological Survey, Data Resources Library, 1930 Constant Ave., Lawrence, KS 66047-3726 to: Kansas Dept of Health & Environment Bureau of Water Industrial Programs, Bldg 283, Forbes Field, KS 66620

		WA	ATER WELL RE	CORD Forn	n WWC-5	KSA 82a-1	212 ID	No.				
1 LOCATI	ON OF WA	TER WELL:	Fraction				Number		Number	Range Number		
County: D	ickins	on	SW 1/4	NW 14	SE 1	4 2	1	Т .	11 S	R 3 🕏	<b>∨</b> ₩	
			town or city stree								•••	
6 ½ n	niles N	lorth of	Chapman,	Kc r 3]	miles	Wort :	+ 15	E1 222	E AVE			
2 WATER	WELL OW	NER: Jac	k Schwab	100 0 0 2	MILLES	NCSC (	11. 1.)	<u> </u>	3 11701			
_	ddress, Box		38 - 3250	λ 110				Board of	Agriculture [	Division of Water Reso	urcas	
City, State,		-			4 2 4				on Number:	AVISION OF WATER NESC	uices	
			pman, Kar		431	1	4 5151/4					
	N SECTION	CATION WITH										
AN A I	N SECTION	N BOX:								1		
<u> </u>	1									/1.1/0.1		
Ţ	1.									oumping		
	-NW   -	- NE								umping		
0	-		Bore Hole Diam	neter	in. to	7.4	<i>.</i> .ft., a	and		in. to	. ft.	
₩ W	1		WELL WATER	TO BE USED /	AS: 5 Public	water supp	oly 8	B Air conditioning	ng 11 Ir	jection well		
	i .	i	1 Domestic	3 Feedlot		ld water sup				ther (Specify below)		
	-sw *	- SE	2 Irrigation	4 Industria	7 Dome	stic (lawn & g	garden) 10	<u>0 Monitoring</u> we	ell			
			Was a chemical/	hactoriological e	ample submitte	od to Departs	nont? Voe	No *	. If you n	no/day/yrs sample was	s cub	
<u> </u>	<u> </u>		mitted	bacteriological s	ample submitte	d to Departi		r Well Disinfect		No	s Sub-	
5 TYPE O	F BLANK C	ASING USED:		5 Wrought iron	n 8	Concrete t				d* . Clamped		
1 Stee		3 RMP (SI		6 Asbestos-C		Other (spe				ed		
2 PVC		4 ABS	,	7 Fiberglass			•	··, 		aded		
	— ina diameter		in to 7	•						in. to		
				_	2.00.		lbs./	ft. Wall thickne	ss or gauge N	o <b>.</b> 2.5 8		
			TION MATERIAL		_	7 PVC			Asbestos-cem			
1 Stee		3 Stainless		5 Fiberglass			iR)					
2 Bras	_	4 Galvaniz		6 Concrete tile		9 ABS			None used (or	•		
SCREEN OR PERFORATION OPENINGS ARE:					5 Gauzed wrapped			8 Saw cut		11 None (open hole)	)	
	tinuous slot /ered shutte		ill slot ey punched		6 Wire wrap; 7 Torch cut			9 Drilled hole			4	
			• •									
SCREEN-	PERFORA	IED INTERVA								D		
	GDAVEL D	ACK INTEDVAL								)		
	GRAVEE	TOK INTERVAL								D		
CL OPOUT	MATERIAL	. 4 No. 4										
	MATERIAL		ement	2 Cement gro	ut <u>3</u>	Bentonite	4 (	_				
					m					ft. to	.π.	
		•	ble contamination					tock pens		bandoned water well		
_ 1 Sept	ic tank	4 Later	ral lines	7 Pit privy			11 Fuel storage			15 Oil well/Gas well		
2 Sewer lines 5 Cess pool		•	8 Sewage lagoon		on	12 Fertilizer storage			16 Other (specify below)			
3 Wate	ertight sewe	r lines 6 Seep	age pit	9	Feedyard		13 Insect	ticide storage				
Direction 1	from well?	NORT	HEAST				How mar	ny feet? 1	100+			
FROM	то	!	LITHOLOGIC LO	OG	FI	ROM	го	F	PLUGGING IN	ITERVALS		
0	1	DARK TO	OP SOIL									
1	3.4	BROWN (										
34	36	MAROON										
36	42		GREEN LI	mr varro	NET CIT N.V.	6 0113.7						
42	51				W CLAY	& SHAL	<del>- E</del>					
			olor lime	stone								
51	53	soft c										
53	58		IMESTONE									
58	6.7	GRAY SE										
67	71	LITE CO	OLOR LIME	STONE								
71	74	DARK L	IMESTONE									
		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1										
7 CONTR	ACTOR'S O	R LANDOWNE	R'S CERTIFICAT	TION: This water	r well was (1	) constructe	d, (2) rec	onstructed, or (	3) plugged un	der my jurisdiction and	was	
completed	on (mo/day	(vear) 6 /	1.1/01			and	this recor	rd is true to the	best of my kn	owledge and belief. Ka	ansas	
1	Contractor	S FICELICE MO		, <b>,</b> , , , , , , , , , , , , , , , , ,	TALES TYES IN	Join Has CC	pioteu '	J. (1110/ Gay/ y1)	. 6. 7. 15	7.01		
	uniness ==	no of		TION DATE	T.T NG		by /ei	onature) 1	100	2 11		
	ousiness nai		TRAL KANS					gnature)	rold !	martin		
INSTRUCT	IONS: Use type	writer or ball point pe	TRAL KANS	MLYand PRINT clea	arly. Please fill in bl	anks, underline	or circle the c	correct answers. Send	top three copies to	Martin Kansas Department of Health	and	